

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40382**

1. Corporation Name

NORTH TAMPA CHRISTIAN CENTER, INC.

Principal Place of Business

**34234 SR 54 W
ZEPHYRHILLS FL 33543**

Mailing Address

**34234 SR 54 W
ZEPHYRHILLS FL 33543**

FILED

99 DEC 22 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2121 Main Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2121 Main Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1990

SP

5. FEI Number

59-3027935

Applied For

Not Applicable

City & State

Dunedin, FL

City & State

Dunedin FL

Zip

34698

Country

Pinellas

Zip

34698

Country

Pinellas

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D ✓	HUSTED, DONALD R.	27749 QUAIL VIEW LANE	WESLEY CHAPEL FL
X	STRINGER, JACK F.	920 NORTH SABAL PALM WAY	INVERNESS FL
D ✓	HUSTED, MAUREEN S	27749 QUAIL VIEW LANE	WESLEY CHAPEL FL
X	GRAVER, BILL	7405 ALAFIA RIDGE LOOP	RIVERVIEW FL
DP ✓	JACOBS, HARLEY D	2121 MAIN STREET	DUNEDIN FL 34698
DST ✓	JACOBS, CHRISTINE M	2121 MAIN STREET	DUNEDIN FL 34698

8. Name and Address of Current Registered Agent

**JACOBS, HARLEY D JR
2121 MAIN STREET
DUNEDIN FL 34698**

Same

9. Name and Address of New Registered Agent

Name

Harley D. Jacobs Jr.

Street Address (P.O. Box Number is Not Acceptable)

2121 Main Street

Suite, Apt. #, Etc.

700003082227--7

City

Dunedin

State

FL

Zip Code

34698

0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **12/9/99**

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

IGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/99 727-736-5579

Date

Daytime Phone #