

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N44303

1. Corporation Name

NORTH PALMS CHURCH OF CHRIST, INC.

Principal Place of Business

% TIM FRASER
1915 TAYLOR LANE
TAMPA FL 33618

Mailing Address

% TIM FRASER
1915 TAYLOR LANE
TAMPA FL 33618

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1991

5. FEI Number

59-3134667

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	FRASER, TIM Gary R. Lefebvre	1915 TAYLOR LANE 9717 Cypress Pond	TAMPA FL Tampa, FL 33647
DS	WRIGHT, JAMES	18914 EDINBOROUGH WAY	TAMPA FL
DT	LEGRANDE, FRANK Bruce McInnes	5510 N HINES AVE #1805 3226 Lutz Lake Run Rd	TAMPA FL Lutz, FL 33548

100003089651--7
-01/05/00--01103--006
****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRASER, TIM
1915 TAYLOR LANE
TAMPA FL 33618

Name
Gary R Lefebvre
Street Address (P.O. Box Number is Not Acceptable)
9717 Cypress Pond
Suite, Apt. #, Etc.
City
Tampa
State
FL
Zip Code
33647

10. 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 23 Dec 99

11. 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/99
Date

727-585-478
Daytime Phone #

FILED

99 DEC 27 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

09