

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 18 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44583

1. Corporation Name

THE GATHERING PLACE WORSHIP CENTER BUILDING, INC.

Principal Place of Business

Mailing Address

1701 Orange Boulevard
Sanford, FL 32771

P.O. Box 950596
Lake Mary, FL 32795

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08-02-91

5. FEI Number

59-2903464

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HINN, SAMI	161 Academy Oaks Place	Altamonte Springs, FL 32714
D	HINN, ERIKA G.	161 Academy Oaks Place	Altamonte Springs, FL 32714
D/V	KEEFAUVER, ROBERT L.	422 Grandview Avenue, North	Sanford, FL 32771
D	WELKER, JEFF	1129 Orange Boulevard	Lake Mary, FL 32746

8. Name and Address of Current Registered Agent

KATHERINE A. CHRISTY
250 International Parkway
Suite 230
Heathrow, FL 32746

9. Name and Address of New Registered Agent

Name

ROBERT L. KEEFAUVER

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

422 Grandview Avenue, North

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

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

Robert Keefauver

REGISTERED AGENT MUST SIGN

Date 01/14/2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Robert Keefauver

Vice President/Director

01/04/2000

(407) 324-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT L. KEEFAUVER