

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

97 MAY 30 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45411

1. Corporation Name

TAMPA BAY TABERNACLE, INC

Principal Place of Business

Mailing Address

806 EAST 131 ST STREET
Tampa FL 33612

REINSTATEMENT 93-97

A. Alan
5/30/97

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

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8/10/92

City & State

City & State

5. FEI Number

Applied For

Zip

Country

Zip

Country

59-3106331

Not Applicable

33612 Hillsborough

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|--------------------------|
| Pres | SAMUEL Portolatin | 3914 MISTY CT Land O' LAKES, FL | Land O' LAKES, FL, 34639 |
| ST | Jenny Portolatin | 3914 MISTY CT | Land O' LAKES, FL, 34639 |
| D | James Cymbala | 251-52 GASKELL Rd | LITTLE Neck, Queens NY |
| D | MICHAEL Durso | 543 Leonard ST | Greenpoint NY |

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAMUEL Portolatin
3914 MISTY CT
Land O LAKES FL 34639

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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

Samuel Portolatin

REGISTERED AGENT MUST SIGN

Date

5/30/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Portolatin

Date

Daytime Phone #

5/30/97 (813) 977-0830

CR2ED40 (1/2/96)