

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **N45411**

1. Corporation Name

TAMPA BAY TABERNACLE, INC.

Principal Place of Business

Mailing Address

806 E 131ST AVE
TAMPA FL 33612-4425

806 E 131ST AVE
TAMPA FL 33612-4425

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

10/01/1991

5. FEI Number

59-3106331

Applied For

Not Applicable

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PORTALATIN, SAMUEL	3914 MISTY CT.	LAND O LAKES FL 34639
TSD	PORTANLATIN, JENNY P	3914 MISTY CT.	LAND O LAKES FL 34639
D	SMITH, THOMAS	12816 BANYAN ST	HUDSON FL 34669
D	DURSO, MICHAEL	543 LEONARD ST.	GREENPOINT NY 11612
D	PORTALATIH, ELIAS	22647 WEEKS BLVD	LAND O LAKES FL 34639

8. Name and Address of Current Registered Agent

PORTALATIN, SAMUEL
3914 MISTY CT.
LAND O LAKES FL 34639

9. Name and Address of New Registered Agent

REINSTATEMENT

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 Portalatin Samuel Portalatin
Thomas F. Smith Thomas F. Smith

Date

10/15/01

REGISTERED AGENT MUST SIGN

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:

Samuel Portalatin Samuel Portalatin 10/15/01 (813) 977-0830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
01 OCT 25 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)