

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

01 JUN 29 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46303

1. Corporation Name
Church of God at Tampa, Inc.

2. Principal Office Address
1203 Lithia-Pinecrest

3. Mailing Office Address
1203 Lithia-Pinecrest

REINSTATEMENT

City & State
Brandon, FL

Zip
33511

Country
Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida
12-2-91

5. FEI Number
59-3094719

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

7. Name and Address of Current Registered Agent

Name
Wright Ellinger

Street Address (P.O. Box Number is Not Acceptable)
1405 Lithia-Pinecrest

Suite, Apt. #, Etc.

100004474361-4
-07/13/01--01042--020
*****192.50 ****192.50*

Brandon, FL 33511

State
FL

Zip Code
33513

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Wright Ellinger* REGISTERED AGENT MUST SIGN Date *6/3/01*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	<i>Ellinger, Wright</i>	<i>1405 Lithia-Pinecrest</i>	<i>Brandon, FL 33511</i>
V. Pres.	<i>Barrias, Timothy</i>	<i>1256 Piney Branch Circle</i>	<i>Valrico, FL 33594</i>
S/T	<i>Patricia Lee Hammons</i>	<i>6414 Yosemite Dr.</i>	<i>Tampa, FL 33634</i>
Dir.	<i>Hyatt, Travis</i>	<i>1518 Ateus Orchard Way</i>	<i>Valrico, FL 33594</i>
Dir.	<i>Rhym, Brenda</i>	<i>503 Tuscany Street</i>	<i>Brandon, FL 33511</i>

10. 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: *Patricia Lee Hammons (Patricia Lee Hammons)* 5-15-01 (800) 223-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)