

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 NOV -3 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50933

1. Corporation Name

CHURCH OF THE LIVING GOD PILLAR AND GROUND OF THE TRUTH OF PINELLAS COUNTY, INC.

Principal Place of Business

1500 18TH AVE. SOUTH
ST. PETERSBURG FL 33705

Mailing Address

1500 18TH AVE. SOUTH
ST. PETERSBURG FL 33705

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

09/17/1992

5. FEI Number

NOT APPLICABLE

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	WILLIAMS, BISHOP SHERMAN	1231 30 ST. SOUTH	ST. PETERSBURG FL
DV	KNIGHT, JOHN	881 51 AVE. SOUTH 4689-22 ^{1/2} AV. South	ST. PETERSBURG FL
DT	LILLIE, M. NASH	1401 9TH ST SOUTH	ST. PETERSBURG FL
DS	MYLES, SANDER	1231 30 ST. SOUTH	ST. PETERSBURG FL
D	THOMAS, JOYCE	1231 30 ST. SOUTH	ST. PETERSBURG FL
D	WILLIAMS, JANIE	1231 30 ST. SOUTH	ST. PETERSBURG FL

8. Name and Address of Current Registered Agent

RILEY, JOHN L.
2325 5TH AVE. NORTH
ST. PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name

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

900002339329--2

Suite, Apt. #, Etc.

11705797-01093-017

City

***236.25

***236.25

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

John L. Riley
REGISTERED AGENT MUST SIGN

Date 10/30/97

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30/10/97

Date

Daytime Phone #

CR2E040 (8/97)