

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 FEB 27 AM 3:37

DOCUMENT # NS1289

1. Corporation Name

CHRIST United Methodist Church
of Tampa, INC

W13-7386

REINSTATEMENT 10-13

2. Principal Office Address - No P.O. Box #

3304-E Columbus DR

3. Mailing Office Address

P.O. Box 75338

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33605

Country

USA

Zip

33675-0338

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/92

5. FEI Number

592891358

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Cheryl Y. Wilson

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

2922 Banza St

Suite, Apt. #, Etc.

City Tampa

State FL

Zip Code 33605

500244341315
02/27/13--01023--001 **57.75

500244341315
02/04/13--01058--016 **379.75

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

Cheryl Y. Wilson

REGISTERED AGENT MUST SIGN

Date 1/14/13

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
<u>Treas</u>	<u>Alice Raines</u>	<u>4832 ASHLAND DR</u>	<u>Tampa FL 33610</u>
<u>Fin Secy</u>	<u>Mildred Newsome</u>	<u>3513-12th Ave TAMPA FL 33605</u>	<u>Tampa FL 33605</u>
<u>Chd Fin</u>	<u>Cheryl Wilson</u>	<u>2922-BANZA ST</u>	<u>Tampa FL 33605</u>
<u>Council</u>	<u>Ernestine Ponder</u>	<u>3409 Machado ST</u>	<u>Tampa FL 33605</u>
<u>Pres</u>	<u>Andrew Wilson Jr</u>	<u>2922 Banza St</u>	<u>Tampa FL 33605</u>

10. E-mail Address:

(To be used for future annual report notification)

FEB 27 2013

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, and all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Cheryl Y. Wilson - Cheryl Y. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/13 813-244-6896

Date

Daytime Phone #