PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ACCEPTED AND FILED

96 SEP 27 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002336**

1. Corporation Name

MATLACK SPECIALIZED-CREATIVE MINISTRIES CORP.

1996 ANNUAL REPORT

Principal Place of Business	Mailing Address
8104 VALLEY STREAM LANE BAYONET PT. FL 34667	P.O. BOX 5216 HUDSON FL 34674

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-10/16/96--01008--005
*****61.25 *****61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: **05/17/1993**

5. FEI Number: **59-3252705** ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	RICKETSON, ROBERT M SR.	8104 VALLEY STREAM LANE	BAYONET PT. FL 34667
VD	WOEHR, JACK	10811 UNION DR.	PORT RICHEY FL
TD	ROTHMEIER, CHARLOTTE L	7535 ANDREWS AVE.	HUDSON FL
SD	HILL, CHERRY	P.O. BOX 5216 NA	HUDSON FL
D	EDDY, WALTER B	7625 JUDITH CRESCENT	PORT RICHEY FL

8 Name and Address of Current Registered Agent

EDDY, WALTER B
10600 LABURNAM DR.
PORT RICHEY FL 34668

W. Eddy 9-27-96

9. Name and Address of New Registered Agent

Name: DAVID HOWARD
Street Address (P.O. Box Number is Not Acceptable): 7012 ILLINOIS AVE.
Suite, Apt. #, Etc.:
City: GIBSONTON Y State: FL Zip Code: 33534

CR2E040 (7/96)

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: David Howard — REGISTERED AGENT MUST SIGN

Date: Sept 24, 1996

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: Robert M Ricketson Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Sept. 23, 96

Daytime Phone #: 813-863-3151

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