

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JAN -2 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002940

1. Corporation Name

SUNCOAST FULL GOSPEL TABERNACLE, INC.

Principal Place of Business

Mailing Address

1949 VIOCCORY
HOLIDAY FL 34684
US

P.O. BOX 3966
HOLIDAY FL 34690

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1993

5. FEI Number

59-3195232

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	LANE, JEFFERY P	3594 RIDGE BOULEVARD	PALM HARBOR FL
VD	MALCOR, PAT	2002 OAKTREE LN	PALM HARBOR FL
SD VD	LANE, REBECCA M	3594 RIDGE BOULEVARD	PALM HARBOR FL
TD	Chris Ruder	6134 Polk St	NPR FL 34653
SD	Cathleen Fayerweather	3578 Ridge Blvd	3578 Ridge Blvd Palm Harbor FL 34684
D	Harry Trichas	PO Box 3742 508 N. Dutton Ave Tarpon Springs FL 34689	Holiday FL 34690

8. Name and Address of Current Registered Agent

LANE, JEFFERY P
3594 RIDGE BOULEVARD
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 200002392922-5
City -01/07/98-01082-013
****298 State ****298.50
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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/4/97

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] Jeffery P. Lane 12/4/97
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (8/97)