

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 93000063034

1. Corporation Name

CONGREGATIONS UNITED FOR
COMMUNITY ACTION

2. Principal Office Address

4401 14th St. N.E.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3111

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33703

Country

Pinellas

City & State

St. Petersburg, FL

Zip

33731

Country

Pinellas

200040735302
09/01/04--01058--002 **306.31

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

1/8/93

5. FEI Number

593115614

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

Deborah F. SCANLAN

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

4401 14th St. NE.

Suite, Apt. #, Etc.

City

St. Petersburg

State
FL

Zip Code

33703

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

Deborah F. Scanlan

Date 8/29/04

REGISTERED AGENT MUST SIGN

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
CD	LONG, Rev. Curtis	1601 22nd Ave S	St. Petersburg, FL 33712
CD	MORGENSTEIN, HARVEY	9525 Blind Pass Rd	St. Pete Bch, FL 33706
SD	MOORHEAD, SHARON	995 46th Ave N	St. Petersburg, FL 33703
TD	SCANLAN, DEBORAH	4401 14th St. NE	St. Petersburg, FL 33703
D	RAWSON, KITTY	110 59th Ave S	St. Petersburg, FL 33705

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:

Deborah F. Scanlan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/04

Date

727 526-3966

Daytime Phone #

CR2001 (01/04)