## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT IN STATE  Secretary of S								SEGRETARY OF STATE SEGRETARY OF STATE DIVISION OF CORPORATIONS  02 OCT 31 AM 8: 01			
DOCUMENT # N9306000 3597  1. Corporation Name  THE TRADITIONAL EPISCOPAL CHURCH								100008732981 10/31/0201099007 **61.25			
3000 GUIF TO BAY BLUD 3					3. Mailing Office Address 3000 Gulf To BAY BLUD Suite, Apt. #, etc.			4. Date incorporated or Qualified			
City & State City & St					9			To Do Business in Florida /1/27/1.991			
CLEARWATER . FL				ELEARWATER, FL			~	5. FEI Number Applied For Sq - 3197879 Not Applicable			
zip 3375	Country		Zip 33759		Country PINELLA	15	6.	OF STATUS DESIF		Not Applicable	
7. Name and Address of Current Registered Agent											difference of Status
Name BISHOP GILBERT McDowell Street Address (P.O. Box Number is Not Acceptable) 3000 GULF 70 BAY BLVD  Suite, Apt. #, Etc.  City LEARWATER  State Zip Code FL 33759  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 A											
O Nomes	and Steed A	4	* RE	GISTERED AG	ENTMUST	SIGN	404.0				
Titles	Name of Officers and/or Directors			for Director (Florida nonprofit corporations must list a Street Address of E Officer and/or Dire			ress of Each	ist 3 directors)	City / State / Zip		
TO	HARRISON, G.T.			T.	705 HOLLY DRIVE N.			UE N.	ANNAPOLIS, MD		
QV	McDOWELL, GILBERT			266 KATHERINE BLUD 7108			PALM F	HARBOR,	FL 34684		
SD	KNIGHT, DAVID			>	1004 YORK LANE			ANNAPOLIS, MD			
D	CLARK GEORGE			105 S CHERRY GROVE AUE			ANNAPOLIS, MD 21401				
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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 filling 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  Date  Daytime Phone #											

116/0200





## The Traditional Episcopal Church

The Most Reverend Gilbert C. McDowell, OHS Archbishop 3000 Gulf-to-Bay Boulevard Clearwater FL 33759 USA

Administrative Office 727-724-0099 727-786-5221 Fax scotsholm@mindspring.com

October 28, 2002

Department Of State
Division Of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Last week while in the process of making a change in our banking relationship, we found that our corporate status was listed as, "inactive".

Not having received our usual notification of renewal, our office did not think of generating an inquiry. We would therefore request the wavier of the reinstatement fee:

Enclosed please find the "Corporation Reinstatement" form and our check in the amount of \$61.25, as directed by one of your representatives during a telephone conversation this morning.

Thank you,

The Most Rev'd Gil McDowell, OHS