

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED

98 APR -3 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA3000004022

1. Corporation Name

TAMPA RELIGIOUS SCIENCE CENTER, Inc.

Principal Place of Business

Mailing Address

2401 W. KENNEDY
SUITE 201
TAMPA, FL

P.O. Box 20661
TAMPA, FL 33622

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

2. New Principal Office Address, If Applicable

NA - See Above

3. New Mailing Office Address, If Applicable

N/A - See Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/03/1993

5. FEI Number

59-3186332

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
PT(D)	ROBERT A. DEEN III	17030 FIRST ST. EAST #212	N. REDINGTON BEACH, FL 33708
VP(D)	PATRICIA COOK	13523 BELLINGHAM DR.	TAMPA, FL 33625
TD	HENRY ELLIS	6024 HANLEY RD.	TAMPA, FL 33634
TD	NATALIE WINTERS	12025 WANDSWORTH DR	TAMPA, FL 33626
STR	PATRICIA DAHARSH	17030 FIRST ST. E, #214	N. REDINGTON BEACH FL 33708

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

Robert A. Deen III

REGISTERED AGENT MUST SIGN

Date

3/30/98

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:

Robert A. Deen III

(ROBERT A. DEEN III)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/98

Daytime Phone #

813 -
250-9129

CR2040 (1-98)