

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 13 AM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N93000004022*

1. Corporation Name

Tampa Religious Science Center, Inc.

600159562576
08/13/09--01035--003 **192.50

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

Hampton Inn

3. Mailing Office Address

414 22nd Ave SE

Suite, Apt. #, etc.

Conference Room

Suite, Apt. #, etc.

City & State

Clearwater

City & State

St. Petersburg, FL

Zip

33762

Country

USA

Zip

33705

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1993

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. Name and Address of Current Registered Agent

Name

Pastor Peggie Marks

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

414 22nd Avenue SE

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33705

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Peggie Marks
REGISTERED AGENT MUST SIGN

Date 8/10/09

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
PT	Rev. Peggie Marks	414 22nd Avenue SE	St. Petersburg, FL 33705
VT	Carol Mitchell	222 15th Avenue North	St. Petersburg, FL
ST	Penny Heffelfinger	400 Second Avenue NE, Box 3	St. Petersburg, FL 33701
TT	Sandra Prandy	8651 10th Street North, #212	St. Petersburg, FL 33702
	REINSTATEMENT	RH	

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 contained in Chapter 119, 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:

Peggie Marks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/09

Date

813-900-4242

Daytime Phone #