

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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



DOCUMENT # NA40000000884

1. Corporation Name  
Vineyard Christian Fellowship of Spring Hill, Inc.

Principal Place of Business  
4244 Mariner Blvd.  
Spring Hill, FL 34608

Mailing Address  
P.O. Box 5291  
Spring Hill, FL 34611

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/18/1999

5. FEI Number

59-3195571

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 96-98-

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	David K. Sauskojus	5452 Glover Dr. Spring Hill, FL	Spring Hill, FL 34607
D	Mike Hafer	9171 Swiss Rd.	Spring Hill, FL 34606
D	Frank Basciano	11311 Pickford Street	Spring Hill, FL 34609

400002659744-9  
-10/08/98-01098-003  
\*\*\*\*367.50 \*\*\*\*367.50

8. Name and Address of Current Registered Agent

David K. Sauskojus  
5452 Glover Drive  
Spring Hill, FL 34607

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

David Sauskojus

REGISTERED AGENT MUST SIGN

Date 9/28/98

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: David Sauskojus David K. Sauskojus  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/98  
Date

352.596.3440  
Daytime Phone #

CR2040 (1-98)