

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 JUL 10 AM 8:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N94000003428 (8)

1. Corporation Name

The Shepherd's Center of Temple Terrace, Inc.

Principal Place of Business

Mailing Address

502 Druid Hills Dr.

502 Druid Hills Dr.

Temple Terrace, FL  
 33617

Temple Terrace, FL  
 33617

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/04/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3270132

Applied For

Not Applicable

City & State

City & State

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Ann L. Rezabek	11011 Kewanee Drive	Temple Terrace, FL 33617
D	Marlene Williams	11405 Tullamore	Temple Terrace, FL 33617
D	Virginia Knopke	725 Grand Circle	Temple Terrace, FL 33617
D	Dorothy H. Keating	6502 "A" Markstown Dr.	Tampa, FL 33617
D	The Rev. Jerold R. Stadel	1014 Pinegrove Dr.	Brandon, FL 33511
D	Kathy J. Beck	220 W. Brandon Blvd. #108	Brandon, FL 33511

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ann Rezabek:  
 11011 Kewanee Drive  
 Temple Terrace, FL 33617

Name

Street Address (P.O. Box Number, Not Allowed)

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

*Ann L. Rezabek*  
 REGISTERED AGENT MUST SIGN

Date 07-08-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Ann L. Rezabek*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Ann L. Rezabek

07-08-97 (813) 988-3976  
 Date Daytime Phone #

CR2E040 (12/96)

20f2

**The Shepherd's Center of Temple Terrace, Inc.  
502 Druid Hills Road  
Temple Terrace, FL 33617-3853**

July 7, 1997

Florida Department of State  
Certification Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document Number N94000003928

Dear Sirs:

Enclosed is the completed Reinstatement Form for the Shepherd's Center of Temple Terrace, Inc.


We have not received the 1996 or the 1997 Annual Report for our non-profit corporation from the State and therefore request waiver of the reinstatement fee.

Enclosed also is a check for \$131.25 for the following:

1996 Annual Report	\$ 61.25
1997 Annual Report	61.25
Certificate of Status	<u>8.75</u>
Total	\$ 131.25

I trust that these submissions will enable us to regain good status and have documentation to that effect.

Very truly yours,



Ann L. Rezabek  
Representative  
Shepherd's Center of Temple Terrace