PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

97 JUL -8 AM 10: 04

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

APPLICATION
FOR ·
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N94000004279

CHURCH ON THE ROCK OF TAMPA BAY, INC.

Principal Place of Business Malling Address VEGOS-ERIVARDIT-DRIVE 6905 ENHARDT-DRIVE --RIVERVIEW FL 05509 RIVERVIEW FL 00500 -REINSTATEMENT 910. 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 8020 Maloren Street 925 Tuscanny Street To Do Business in Florida 08/29/1994 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3270109 City A State Riverview, Fl. Not Applicable Brandon, Florida 6. \$8.75 Additional Fee required ^{Zip} 33569 Country CERTIFICATE OF STATUS DESIRED 33511 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) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 5905-ERHARDT-DR PD BREWSTER, BERNIE F., JR. RIVERVIEW FL 925 Tuscanny Street Brandon, Florida 33511 TRA/D BREWSTER, CATHLEEN 5905 ERHARDT DR **ANTERVIEW FL** 925 Tuscanny Street Brandon, Florida 33511 5901 MARJO DR TAMPA FL JUNES, DAVID E. <u>300002236163--5</u> -07/11/97---01097---001 T/Q Alan J. Westfall 5905 Erhardt Drive 9. Name and Address of 8. Name and Address of Current Registered Agent Name Cathleen Brewster BREWSTER, BERNIE F JR. Street Address (P.O. Box Number is Not Acceptable)
925 Tuscanny Street **59**05 ERHARDT DRIVE **TRIVERVIEW FL 33569** Suite, Apt. #, Etc. Zip Code 33511 City State Brandon 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.

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

STUNDER OF PRINTED OF SIGNING OFFICER OF DIRECTOR

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

6-1-97 813-654-0937

(See other side for information on intangible tax.)

Date __6/1/97_

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