

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 # N94000005189

1. Corporation Name

DECLARE HIS GLORY OF SAINT PETERSBURG, INC.

Principal Place of Business

4146 42ND AVE S
ST PETERSBURG FL 33711

Mailing Address

4146 42ND AVE S
ST PETERSBURG FL 33711

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.
2135 Anastasia Way So.

City & State
St. Petersburg

Zip
33712

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1994

5. FEI Number

NOT APPLICABLE

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
D	TURNER, LARRY	4146 42ND AVE S	ST PETERSBURG FL
D	TURNER, SHEILA	4146 42ND AVE S	ST PETERSBURG FL 33711
D	KEYES, WAVER	181 JORDON PARK	ST PETERSBURG FL 33712
D	DONALDSON, RONALD	17900 SW 103RD CT #201	MIAMI FL 33157
D	ARMENTROUT, JOHN	19 NIJMEGEN ST	FT BRAGGS NC 28307

8. Name and Address of Current Registered Agent

TURNER, LARRY
4146 42ND AVE S
ST PETERSBURG FL 33711

9. Name and Address of New Registered Agent

Name Larry Turner
Street Address (P.O. Box Number is Not Acceptable)
2135 Anastasia Way So.
Suite, Apt. #, Etc.
City St. Petersburg
State FL
Zip Code 33712

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/21/98

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/98
Date

Daytime Phone #

727-807-7550

CR2E040 (8/98)