PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9400005418

1. Corporation Name

BAY AREA COMMUNITY CHURCH, INC.

Principal Place of Business

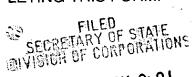
Mailing Address

4015 MOUNTAIN SPRINGS LANE

TAMPA FL 33624

4015 MOUNTAIN SPRINGS LANE TAMPA FL 33624

US



02 DEC 16 AM 8:01

REINSTATEMENT	07
700009524687	

05					12/16/	02-0106700	5 **231	6.25		
If above addresses are incorrect in any way, line through incorrect informati 2. New Principal Office Address, If Applicable 3. New Mailing Office				nation and enter correction below. Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 10/31/1994			
Gano, riph of old		Suite, Apt. #,	.i.			5. FEI Number 59-3291764 Applied For Not Applicable			Applied For	
		City & State							Not Applicable	
Žip	Country	Zip		Country			OF STATUS DESIRED	58.75 Addit	tional Fee required tificate of Status	
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit e	corporation	ons must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip			
D	PHELPS, STEVE	15142 S			42 SPRINGVIEW ST.			TAMPA FL 33624		
C	HOGAN, STEVE			INTAIN	SPRINGS LANE		TAMPA FL 33624			
D	MENESES, MARIO			516 EL SERENO PL #185 15919 Engle River Way			TAMPA FL- 33603 -33624			
D	ROTH, TIM	8307 N. NEW PORT			TAMPA FL 33604					
P	GALLIGAN, GARY	12401 ORANGE GROVE DRIVE #1205			TAMPA FL 33618					
D	HARDEE, BRUCE	3417 PICWOOD RD.			TAMPA FL 33618					
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
GREGO, FRANK.J HARRIS, BARRETT, MANN & DEW 1715 N. WESTSHORE BLVD., STE. 750 TAMPA FL 33607			Street Address (P.O. Box Number is Not Acceptable) 4015 Mountain Cring Lane Suite, Apt. #, Etc. City Tampa State State Zip Code FL 3.36 24							
10. I, being	g appointed the registered agent of the at	pove named corp	oration, am fa	miliar wit			ion 607.0505, F.S. or 61	7.0505, F.S.		
Signature o Registered	Agent	TELLE H	ENT MUST S	SIGN	IRED		Date 13	-13-	02	

11. 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:

SICHTURED HEQUIRED

12-13-02

813-968-6699

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