

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 16 AM 8:01

DOCUMENT # **N94000005418**

1. Corporation Name

**BAY AREA COMMUNITY CHURCH, INC.**

Principal Place of Business

**4015 MOUNTAIN SPRINGS LANE  
TAMPA FL 33624  
US**

Mailing Address

**4015 MOUNTAIN SPRINGS LANE  
TAMPA FL 33624  
US**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

02



700009524687  
12/16/02--01061--005 \*\*236.25

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/1994

5. FEI Number

59-3291764

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PHELPS, STEVE	15142 SPRINGVIEW ST.	TAMPA FL 33624
C	HOGAN, STEVE	4015 MOUNTAIN SPRINGS LANE	TAMPA FL 33624
D	MENESES, MARIO	<del>516 EL SERENO PL #135</del> 15919 Eagle River Way	TAMPA FL <del>33603</del> 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

~~GREGO, FRANK J~~  
~~HARRIS, BARRETT, MANN & DEW~~  
~~1715 N. WESTSHORE BLVD., STE. 750~~  
~~TAMPA FL 33607~~

9. Name and Address of New Registered Agent

Name

Steve Hogan

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

4015 Mountain Spring Lane

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-13-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-02

Date

Daytime Phone #

813-968-6699

CR2E040 (8/02)