

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -9 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001260

1. Corporation Name

OLIVE LEAF CHRISTIAN CENTER, INC.

Principal Place of Business

**4402 W. OSBORNE
TAMPA FL 33614**

Mailing Address

**P.O. BOX 273211
TAMPA FL 33688
US**

REINSTATEMENT 1999

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1995

5. FEI Number

65-0565762

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
ST	FARRAGUT, WILLIAM	14022 ARBOR KNOLL CIR.	TAMPA FL 33625
PD	FARRAGUT, ANITRA L	14022 ARBOR KNOLL CIR.	TAMPA FL 33625
T	MURDOCK, JANETTE	4345 HONEY VISTA CIR.	TAMPA FL 33624
			6500000052196-1 -11/23/99-01003--005 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

**FARRAGUT, ANITRA L
14022 ARBOR KNOLL CIRCLE
TAMPA FL 33625**

9. Name and Address of New Registered Agent

Name

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

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

Anitra L Farragut
REGISTERED AGENT MUST SIGN

Date

Nov. 2, 1999

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

See files.

Date

13 October 1999 (413) 879-3181

Daytime Phone #