

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001260

1. Corporation Name

OLIVE LEAF CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

9302 ANDERSON RD
TAMPA FL 33624

P.O. BOX 273211
TAMPA FL 33688
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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ST	FARRAGUT, WILLIAM	14022 ARBOR KNOLL CIR.	TAMPA FL 33625
PD	FARRAGUT, ANITRA L	14022 ARBOR KNOLL CIR.	TAMPA FL 33625
T	MURDOCK, JEANETTE	4826 GROVE POINT DR	TAMPA FL 33624

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FARRAGUT, ANITRA L
14022 ARBOR KNOLL CIRCLE
TAMPA FL 33625

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. or 617.0505, F.S.

Signature of
Registered Agent

Rev. Anitra L. Farragut
REGISTERED AGENT MUST SIGN

Date

Oct. 10, 2003

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

Date

Daytime Phone #

Rev. Anitra L. Farragut *Rev. ANITRA L. FARRAGUT* (813) 323-5577
Oct. 10, 2003

FILED

03 OCT 13 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/13/03--01054--007 **70.00



CR2E040 (7/03)

OLIVE LEAF CHRISTIAN CENTER, INC.

12909 North 56th Street, Suite # 104
Tampa, Florida 33617

October 10, 2003

To: STATE OF FLORIDA DEPARTMENT OF STATE
Re: Reinstatement Form and Notices

To whom it may concern:

According to our records we do not show any receipt of UBR notices.
Please find reinstatement fee of \$61.75 and Certification of Status fee of
\$8.75. Check # 3310 totaling the amount of \$70.00.

Thank You,

Rev. Anitra L. Farragut

Rev. Anitra L. Farragut

RALF/CS