

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 OCT -7 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005958

1. Corporation Name

W99-18781

TABERNALE OF ZION, INC.

Principal Place of Business

Mailing Address

928 W. Faith Circle  
Bradenton Florida 34208

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

AS ABOVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

P.O. BOX 2112

Suite, Apt. #, etc.

Bradenton

City & State

City & State

Florida

Zip

Country

34208

Country

U.S.A.

REINSTATEMENT 96-990

4. Date Incorporated or Qualified To Do Business in Florida

Dec 19, 1995

5. FEI Number

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres., D	DR. ISRAEL AUERBACH	928 W. Faith Circle	Bradenton Fla 34208
VIC Pres., D	DR. EFROUNE AUERBACH	928 W. Faith Circle	Bradenton Fla 34208
Sec. Treas., D	DR. Christopher P. F. Foster	928 W. Faith Circle	Bradenton Fla 34208

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-10/25/99--01008--007  
\*\*\*\*428.75 \*\*\*\*428.75

8. Name and Address of Current Registered Agent

DR. EFROUNE AUERBACH  
928 W. Faith Circle  
Bradenton Florida, 34208

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

Aug 2, 1999

11. This corporation owes 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

AUG 2, 1999

Date

941-746-6644

Daytime Phone #

CR2001 (12/98)