

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 25 AM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003754

1. Corporation Name

CELESTIAL CHURCH OF CHRIST, IBUKUN OLUWA
PARISH, INC.

REINSTATEMENT 02-03

200021132052
06/25/03--01036--004 **297.50

2. Principal Office Address

1908B W. Busch Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

11323 Hollyglen Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33612

Country

Hillsborough

Zip

33624

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

593404209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Perry Bolarinwa

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

11323 Hollyglen Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/16/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BOLARINWA, PERRY G	11323 HOLLYGLEN DRIVE	TAMPA FL 33624
SD	AKINRIMISI, FIXSON O	1018 EAST 108TH AVENUE	TAMPA FL 33612
TD	BOLARINWA, CAROLINE I	11323 HOLLYGLEN DRIVE	TAMPA FL 33624

10. 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:

Perry Bolarinwa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/2003 (813) 495-8846

Date

Daytime Phone #

CR2E081 (10/02)

7/6/25