

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**AND
FILED**

98 NOV 30 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005811

1. Corporation Name

THE GATHERING COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

612 EAST COLONIAL DRIVE, SUITE 350
ORLANDO FL 32803

612 EAST COLONIAL DRIVE, SUITE 350
ORLANDO FL 32803

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

2. New Principal Office Address, If Applicable

1106 KASPER DRIVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

Zip **32806**

Country **USA**

Zip **32806**

Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1996

5. FEI Number

59-3409513

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)	2	3	4
	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1			
PD	ELDEN G MCDIRMIT	2409 PERSHING OAKS PL	ORLANDO FL
TD	BRUCE RETALLACK	1106 KASPER DR	ORLANDO FL
SD	DONNIE SCARCE	751 DEACON WINN CT	ORLANDO FL
VD	RON WILSON	1325 MAURY RD	ORLANDO FL
D	PHLEIDERER, SPENCER	4318 FARRELL LANE	ORLANDO FL
D	GRACE, STEVE	1108 KASPER DR	ORLANDO FL

8. Name and Address of Current Registered Agent

MCDIRMIT, ELDEN G
612 EAST COLONIAL DRIVE, SUITE 350
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name **BRUCE N RETALLACK**
Street Address (P.O. Box Number is Not Acceptable)
1106 KASPER DR
Suite, Apt. #, Etc.

City **ORLANDO** State **FL** Zip Code **32806**

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

BRUCE N RETALLACK
REGISTERED AGENT MUST SIGN

Date **11/23/98**

11. This corporation owes or has paid 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:

BRUCE N RETALLACK
BRUCE N RETALLACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98
Date

**407
898-9250**
Daytime Phone #

CR2ED40 (9/98)