

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N97000002281**

1. Corporation Name

CANAL POINT UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

~~100 2ND ST.~~
CANAL POINT FL 33438

P.O. BOX 326
CANAL POINT FL 33438

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

2. New Principal Office Address, If Applicable

37050 2ND STREET

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1997

5. FEI Number

59-2361524

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
D	MAXWELL, ROBERT	152 EVERGLADES AVE.	CANAL POINT FL 33438
DS	WAGNER, DENNIS E	106 3RD ST.	CANAL POINT FL 33438
DT	BLACKWELL, EUSTIS	P O BOX 306 N/A	CANAL POINT FL 33438
P	SEARS, WAYNE	112 2ND ST.	CANAL POINT FL 33438
V	ADAMS, FRANCES E	1616 E. MAIN ST.	PAHOKEE FL 33476
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8. Name and Address of Current Registered Agent

SEARS, WAYNE
100 2ND ST.
CANAL POINT FL 33438

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box, Suite, Apt. #, etc.)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Wayne Sears
REQUIRED
REGISTERED AGENT MUST SIGN

Date **20 Oct '99**

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

Wayne Sears
WAYNE SEARS

20 Oct 99

Date

Daytime Phone #

561-924-2000

FILED

99 NOV -1 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/99)