

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002766

1. Corporation Name

TUSTENUGGEE UNITED METHODIST CHURCH, INC

2. Principal Office Address - No P.O. Box #

1715 SW McCLINTON DR

Suite, Apt. #, etc.

City & State

FT WHITE, FLORIDA

Zip

32038

Country

3. Mailing Office Address

1715 SW McCLINTON DR

Suite, Apt. #, etc.

City & State

FT WHITE, FLORIDA

Zip

32038

Country

7. Name and Address of Current Registered Agent

Name

FREDRICK A YOUNG

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

425 SE STARDUST PLACE

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32024

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

Frederick A. Young

REGISTERED AGENT MUST SIGN

Date

3-07-2010

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
D	GARY S BUSSEY	532 SW BUSSEY GLN	FT WHITE, FL 32038
D	HARRY MOSELEY	PO BOX 1321	FT WHITE, FL 32038
D	CARLTON BUSSEY	P O BOX 2695	HIGH SPRINGS, FL
D	PATRICIA LANCASTER	498 SE BROWN ST	LAKE CITY, FL 32025
D	ROBERT J BREYER	13025 S US HWY 441	LAKE CITY, FL 32025
D	LILLIAN WARD	321 SE HAWKINS CT	FT WHITE, FL 32038

10. E-mail Address: flyboy1934@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Frederick A. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-07-2010

Daytime Phone #

10 MAR 11 PM 4:38

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

REINSTATEMENT

07-10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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