


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N97000006499**

1. Corporation Name
COMMUNITY OUTREACH OF THE APOSTOLIC FAITH, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
00 DEC -5 AM 9:15

Principal Place of Business Mailing Address

1902 WEST MAIN STREET 1902 WEST MAIN STREET
 TAMPA FL 33607 TAMPA FL 33607



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable
~~1902 WEST MAIN STREET TAMPA FL 33607~~
2713-18th Avenue & E. SAME
 Suite, Apt. #, etc.
Tampa
 City & State
Tampa Florida
 Zip Country
33605 H. H. Sboroug

3. New Mailing Office Address, If Applicable
SAME
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
11/18/1997

5. FEI Number **59-3478863**
APPLIED FOR

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CAMPBELL, WILLIE JR	1902 WEST MAIN STREET	TAMPA FL 33607
VD	CAMPBELL, FRANCES D	1902 WEST MAIN STREET	TAMPA FL 33607
SD	BLUE, EARLEANE	1902 WEST MAIN STREET	TAMPA FL 33607
AS	PARKER, MARTHA	1902 WEST MAIN STREET	TAMPA FL 33607
TD	STEPHENS, STERMAN	1902 WEST MAIN STREET	TAMPA FL 33607

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8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Spiegel & Utrera, P.A.

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


Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

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. **11/28/00**

Signature of Registered Agent:  **REGISTERED AGENT MUST SIGN** Date: **11-22-00**

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:  **WILLIE CAMPBELL JR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10-29-00** Daytime Phone #: **813-626-2757**

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