PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR .
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

N97000006499 DOCUMENT #

1. Corporation Name

COMMUNITY OUTREACH OF THE APOSTOLIC FAITH, INC.

Principal Place of Business

Mailing Address

1902-WEST-MAIN-STREET TAMPA_FL.336071902-WEST-MAIN-STREET TAMPA FL 33607

REINSTATEMENTO

VISION OF CORPORATION

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If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Principal Office Address. If Applicable Suite, Apt. #, etc. 11/18/1997 5. FEI Number 59-3478863 Applied For APPLIED FOR City & State Not Applicable \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status hd/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Office Name of Officers and/or Directors Street Address of Each City / State / Zip Title(s) 1902 WEST MAIN STREET **TAMPA FL 33607** CAMPBELL, WILLIE JR PD **TAMPA FL 33607** CAMPBELL, FRANCES D 1902 WEST MAIN STREET VD 1902 WEST MAIN STREET **TAMPA FL 33607** SD **BLUE, EARLEANE** TAMPA FL 33607 AS PARKER, MARTHA 1902 WEST MAIN STREET **TAMPA FL 33607** 1902 WEST MAIN STREET TD STEPHENS, STERMAN 500003500685 12713700--01114--023 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Spiegel Utrera. AMERILAWYER ___ Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE Almeria Suite, Apt. #, Etc **CORAL GABLES FL 33134** Zip Code oral 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 MUST SIGN 11. Lectify 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.