

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000001628**

1. Corporation Name

FELLOWSHIP OF APOSTLES FOR CHRIST., INC.

Principal Place of Business

7855 126TH AVE. NORTH, STE. I
LARGO FL 33773-1651

Mailing Address

7855 126TH AVE. NORTH, STE. I
LARGO FL 33773-1651

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1998

5. FEI Number

59-3490140

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
DV	COBB, THOMAS R	4731 57TH AVE. NORTH	ST. PETERSBURG FL 33714
DP	GRAY, PAUL W	6421 6TH AVE. NORTH	ST. PETERSBURG FL 33710
D	GRAY, MARIANNINA A	6421 6TH AVE. NORTH	ST. PETERSBURG FL 33710
DT	JONES, BRADLEY C	7855 126TH AVE. NORTH, STE. H	LARGO FL 33773
DS	VINSON, BILLY R SR	6359 19TH AVE. NORTH	ST. PETERSBURG FL 33710
400009006684 11/14/02--01074--005 **236.25			

8. Name and Address of Current Registered Agent

GRAY, PAUL W
6421 6TH AVE. NORTH
ST. PETERSBURG FL 33710-6907

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Paul Gray
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

04 NOV 2002

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:

Paul Gray
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04 NOV 2002

(727) 562-4890 x2867