

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 20 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002083

1. Corporation Name **Disabilities & Religion Project of
Florida, Inc.**2. Principal Office Address
2425 Woodley Avenue3. Mailing Office Address
2425 Woodley Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland, FLCity & State
Lakeland, FLZip Country
33803 U.S.Zip Country
33803 U.S.**REINSTATEMENT**

99-1

4. Date Incorporated or Qualified
To Do Business in Florida **04-09-98**5. FEI Number
59-3530979Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ ☒7. Name and Address of Current Registered Agent **600003115046-3**Name
John Paul Parks**-01/28/00--01095--008**
******297.50 ****297.50**Street Address (P.O. Box Number is Not Acceptable)
C/O Wendel, Chritton, Parks, DeBari & Peddy, Chartered, 5300 South Florida Ave.

Suite, Apt. #, Etc.

City
LakelandState Zip Code
FL 33813

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

REGISTERED AGENT MUST SIGN

Date **01-18-2000**

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
PD	Stephen D. Bell, Sr.	1104 Bartow Road	Lakeland, FL 33801
VTD	John R. McArthur	2425 Woodley Avenue	Lakeland, FL 33803
SD	Sara Howerton	2637-B Harrel Road	Auburndale, FL 33823

10. 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

John R. McArthur, Vice-President

01-18-2000 863-682-2578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #