

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB -6 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1798000005089**

1. Corporation Name

Gibson-ton United Methodist Church, Inc.

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

6104 Marilla Ave

Suite, Apt. #, etc.

City & State

Gibson-ton, FL

Zip

33534

Country

USA

3. Mailing Office Address

6104 Marilla Ave

Suite, Apt. #, etc.

City & State

Gibson-ton, FL

Zip

33534

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/98

5. FEI Number

591882970

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank S Stewart Esquire

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

3560 N 29th St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

☒ 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.

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

1/30/08

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	Pastor Wayne Kato	6104 Marilla Ave	Gibson-ton, FL 33534
DP	Pastor Phil Cunningham	6220 Florida Dr	Apollo Bch, FL 33572
DST	Robert Johnson	9905 California Street	Gibson-ton FL 33534
T	Virginia Gilhool	308 River Bay Dr	Tampa FL 33619
T	Mary Johnson	9905 California Str	Gibson-ton, FL 33534

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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 contained in Chapter 119, 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:

Pastor Wayne Kato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-08 813-677-3377

Daytime Phone #

RECEIVED FEB 6 2008