

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



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

FILED

01 APR -9 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N990000006322

1. Corporation Name

St. Paul Ministries of Clearwater Inc.

2. Principal Office Address

556 - 9th St. South

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 13191

Suite, Apt. #, etc.

SP

City & State

St. Petersburg, FL

Zip

33705

Country

U.S.A.

City & State

St. Petersburg, FL

Zip

33733

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Bryant, Mitchell L

100004014351--2

04/17/01-01111-007

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

6313 Martin Luther King South

*****70.00 *****70.00

Suite, Apt. #, Etc.

City

Saint Petersburg

State

FL

Zip Code

33705

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

Mitchell L Bryant

Date

4/3/01

REGISTERED AGENT MUST SIGN

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
P	Mitchell L Bryant	6313 9th St. South	St. Pete, FL 33705
VP	Janita B Bryant	6313 - 9th St. South	St. Pete, FL 33705
S	Tonya Leaks	2550 52nd Avenue Nth	St. Pete, FL 33714
T	Christina Brown	627- 23rd Avenue. Sa	St. Pete, FL 33705
D	Mozell L Bryant	138 - 38th St. South	St. Petersburg, FL 33711
D	Martyn Gore	4050 Bonpano Dr S.E.	St. Petersburg, FL 33705

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

SIGNATURE:

Mitchell L Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01
Date

(727) 865-9102
Daytime Phone #

CR2E081 (9/00)