

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000002682

1. Corporation Name

POTTER'S HOUSE FELLOWSHIP, INC.

Principal Place of Business

1200 EAST MCBERRY STREET
TAMPA FL 33603

Mailing Address

1200 EAST MCBERRY STREET
TAMPA FL 33603

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

2. New Principal Office Address, If Applicable

3660 State Rd. 580W.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

54

City & State
Oldsmar, FL

City & State

Zip
34677

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1999

5. FEI Number

52-2175026

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
PD	MORGAN, ROBERT L	1200 E MCBERRY ST	TAMPA FL 33603
TD	HUCKABY, MICHELE L	34168 BERNIE ST	DADE CITY FL 33523
SD	KRAUS, MICHAEL	702 S OAKWOOD AVE	BRANDON FL 33511

800028382688
02/09/04-01006-001 **236.25

8. Name and Address of Current Registered Agent

MORGAN, ROBERT L
1200 EAST MCBERRY STREET
TAMPA FL 33603

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

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

Robert L. Morgan

REGISTERED AGENT MUST SIGN

Date 2-3-03

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:

Robert L. Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03

Date

813-238-6330

Daytime Phone #

FILED
04 FEB 10 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04 WOP

CR2E040 (7/03)