

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # **N99000006978**

1. Corporation Name **CROSSROADS COVENANT CHURCH, INC.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 20 AM 10:34

Principal Place of Business
**9612 N. 26th ST.
TAMPA, FL. 33612**

Mailing Address
**2502 N. HABANA AVE
TAMPA, FL. 33607**

REINSTATEMENT 2000

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 11-30-99	
5. FEI Number 59-3592714	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
ASOR D	ARNALDO TREDD JR. 2502 N. HABANA AVE. TAMPA, FL. 33607	2502 N. HABANA AVE. TAMPA, FL. 33607	TAMPA, FL. 33607
OFFICER D	Michael Jeffres 8508 N. Willow Ave Tampa, FL 33612	8508 N. Willow Ave Tampa, FL 33612	TAMPA, FL 33612
OFFICER D	BENJAMIN W. PHILLIPS	9415 N. NEBRASKA AVE TAMPA, FL 33612	TAMPA, FL 33612
			600003514826--5 -12/28/00--01004--012 ****236.25 ****236.25 \$12.12

8. Name and Address of Current Registered Agent Michael Jeffres 8508 N. Willow Ave Tampa, FL 33612		9. Name and Address of New Registered Agent Name Geraldine M. Castle Street Address (P.O. Box Number is Not Acceptable) 730 14th St. NW, Lot 10 Suite, Apt. #, Etc. City Largo State FL Zip Code 33770	
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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.

Signature of Registered Agent **Geraldine M. Castle** Date **10/13/00**
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: **Arnaldo Tredd Jr.** Date **10-16-00** (813) 931-8368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E01 (12/98)