

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JAN 16 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P96000045955*

1. Corporation Name

TITHE SERV of Florida, Inc.

REINSTATEMENT *00-04*

2. Principal Office Address

88 Froehlich Farm Blvd.

Suite, Apt. #, etc.

City & State

Woodbury NY

Zip

11797

Country

Nassau

3. Mailing Office Address

1451 W. Cypress Creek Rd

Suite, Apt. #, etc.

Suite 300

City & State

FT. Lauderdale FL

Zip

33309

Country

Broward

900027114079
*01/16/04--01065--003 **1350.00*

4. Date Incorporated or Qualified
To Do Business in Florida

May 30, 1996

5. FEI Number

11-3336817

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

Ann Laskowski

Date

1-6-04

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
CEO	<i>James J. Conway, III</i>	<i>88 Froehlich Farm Blvd</i>	<i>Woodbury NY 11797</i>

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:

James J. Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-03
Date

5167194342
Daytime Phone #