
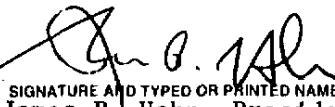


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706735			
1. Corporation Name Lakeside Baptist Church, Inc. a/k/a Lakeside Baptist Church, Inc. of Lakeland			
Principal Place of Business 1736 New Jersey Road Lakeland FL 33803		Mailing Address 1736 New Jersey Road Lakeland FL 33803	
If above addresses are incorrect in any way, line through incorrect address and give correct address.			
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 January 22, 1964	
		5. FEI Number 59-1057948	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. D	James P. Hahn "D"	538 Lake Hollingsworth Dr.	Lakeland FL 33803
V. Pres. D	Phillip E. Abbott "D"	727 Laurel Pointe Court	Lakeland FL 33813
Sec. D	Frank Howes "D"	5909 Deer Flag Drive	Lakeland FL 33811
			900002513379--5 -05/06/98--01069--012 ***1706.25 ***1706.25
			900002513379--5 -05/06/98--01069--013 *****8.75 *****8.75
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Dr. Craig Sherouse 1736 New Jersey Road Lakeland FL 33803		Name Dr. Craig Sherouse Street Address (P.O. Box Number is Not Acceptable) 1736 New Jersey Road Suite, Apt. #, Etc. City Lakeland State FL Zip Code 33803	
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 Dr. Craig Sherouse REGISTERED AGENT MUST SIGN		Date April 27, 1998	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James P. Hahn, President		4/27/98 (941) 688-7747 Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 27 PM 3:16

REINSTATEMENT 14-98

SP 4/29/98

CR2E040 (1/98)