PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
04 JAN -5 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710139

1. Corporation Name

COMMUNITY BIBLE CHURCH OF ST. AUGUSTINE, INC.

REINSTATEMENT 03

800026161518
01/06/04--01057--015 **236.25

Principal Place of Business	Mailing Address
3150 US 1 S ST AUGUSTINE FL 32086-6486 US	3150 US 1 SOUTH ST AUGUSTINE FL 32086 US

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: 12/30/1965

5. FEI Number: 59-1605751 ☐ 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
D	JOHNS, JR. FRANK	6245 CR 13 SOUTH	HASTINGS FL
D	SNELL, FRED G	841 C.R. 13 SOUTH	ST AUGUSTINES, FL 00000
ST	DIMARE, FRANK	4160 CREEKBLUFF RD.	ST AUGUSTINE, FL 00000
D	LOGAN, FRED	433 LOBELLA RD	ST AUGUSTINE FL

8. Name and Address of Current Registered Agent

DIMARE, W.FRANK
3545 US 1 SOUTH
ST AUGUSTINE FL 32086

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

CR2E040 (7/03)

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 _____ Date 1/2/04
REGISTERED AGENT MUST SIGN

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: _____ CHAIRMAN 1/2/04 797-3328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #