

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

09-00



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

FILED

00 MAR 13 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 721684

1. Corporation Name

LAKEVILLE ROAD BAPTIST CHURCH INC.  
OF ORLANDO, FLORIDA

2. Principal Office Address

1333 E. CROWN POINT RD

Suite, Apt. #, etc.

#356

City & State

OCFEE FL

Zip

Country

34761

3. Mailing Office Address

1583 E. SILVER STAR RD

Suite, Apt. #, etc.

#356

City & State

FL

Zip

Country

34761

**REINSTATEMENT** 09-00

4. Date Incorporated or Qualified  
To Do Business in Florida

9/13/1971

5. FEI Number

59-3471364

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

DAVID DOYLE

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

147 E. CONCORD ST.

Suite, Apt. #, Etc.

@

City

ORLANDO, FL

State

FL

Zip Code

32803

500003180855-8

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\*\*\*\*297.50 \*\*\*\*297.50

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

02/08/00

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
P	TIMOTHY E. GUNTER	1411 CHAPEL RIDGE DR	OCFEE, FL 34761
T	WAYNE STINSON	803 SPRING CREEK DR.	OCFEE, FL 34761
T	MIKE HESSON	848 HAMMOCKS DRIVE	OCFEE, FL 34761
T	JIM LANE	4921 CENTER LANE	ORLANDO, FL 32808

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:

*Timothy E. Gunter* Timothy E. Gunter, PASTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00  
Date

407/656-8558  
Day/Time Phone #

CR2E081 (9/99)