

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC -8 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

726049

1. Corporation Name

Providence Baptist Church of Lecanto, Inc.

Principal Place of Business

4461 W Sanction Road
Lecanto, FL 34461

Mailing Address

P.O. Box 1648
Crystal River, FL
34423

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4471 W Sanction Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. PO Box 327

City & State
Lecanto, FLCity & State
Lecanto, FLZip
34461Country
USAZip
34460Country
USA4. Date Incorporated or Qualified
To Do Business in Florida

4-9-1973

5. FEI Number

59-1495071

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Hoffman, Martin K.	4814 W. Woodlawn St.	Dumellon, FL 34433
TD	Kemper, R. Scott	2245 E. Hays St	Inverness, FL 34453
SD	Williams, Timothy D.	1040 N. Lyle Avenue	Crystal River, FL 34429

300003105623-4

-01/21/00--01004--015

****122.50 ****122.50

8. Name and Address of Current Registered Agent

R. Scott Kemper
2245 E Hays St
Inverness, FL. 34453

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

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 AgentX R. Scott Kemper
REGISTERED AGENT MUST SIGN

Date X 12/6/99

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:

Martin K Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-99 352 465-7844

Date

Daytime Phone #