

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -7 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 764603

1. Corporation Name

FLORIDA APOSTOLIC BIBLE INSTITUTE, INC.

08/07/03 01041 004 **1400.00

REINSTATEMENT 84-03

2. Principal Office Address

806 Muscogee RD

Suite, Apt. #, etc.

City & State

Cantonment, FL

Zip

32533

Country

USA

3. Mailing Office Address

P.O. Box 941

Suite, Apt. #, etc.

City & State

Cantonment, FL

Zip

32533

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/82

5. FEI Number

59-2931603

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Donice Brown

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

806 Muscogee Rd.

Suite, Apt. #, Etc.

City

Cantonment

State

FL

Zip Code

32533

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

Donice Brown

Date 8-8-2003

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
PD	Donice Brown	2265 Welcome Circle	Cantonment, FL 32533
VTD	T.C. Tolbert	226 Elston Avenue	Anniston, AL 36201
D	James Truss	P. O. Box 86	Lincoln AL 35096
D	John Crum	4236 Jackson ST	B'Ham, AL 35217
D	T.C. Tolbert JR	768 Grayon RD	Ohatchee, AL 36217
D	Johnny Cunningham	7511 Sellars St.	Century, FL 32535

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:

Johnny Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-03

Date

850
256-2443

Daytime Phone #

CR2E081 (10/02)