

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**

03 DEC 30 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N02000008717**

1. Corporation Name

**LAWTEY CHURCH OF CHRIST, INC.**

Principal Place of Business

Mailing Address

LINWOD AVENUE WS#2TS  
STATE ROAD 225  
LAWTEY FL 32058

POST OFFICE BOX 438  
LAWTEY FL 32058

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

4. Date Incorporated or Qualified To Do Business in Florida

11/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

20-0465216

Not Applicable

Zip

Country

Zip

Country

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	JONES, WALLACE	POST OFFICE BOX 393	LAWTEY FL 32058
D	WHITE, CURTIS L	1481 NE 216TH STREET	LAWTEY FL 32058
D	BARBER, DWIGHT	2314 LAKE STREET	LAWTEY FL 32058

500025840485  
12/30/03--01023--005 \*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSIER, PHYLLIS M  
100 WEST CALL STREET  
STARKE FL 32091

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. or 617.0505, F.S.

Signature of Registered Agent Phyllis M. Rosier Date 12/10/03  
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: Curtis L. White CURTIS L. WHITE 12-10-03 (904)782-3086  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)