


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 OCT 31 PM 12:52

DOCUMENT # **N28106**

1. Corporation Name
SOUTH BRANDON BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
C/O LEN HARPER 4999 BELL SHOALS ROAD VALRICO FL 33594 US	4929 C/O LEN HARPER 4999 BELL SHOALS ROAD VALRICO FL 33594 US

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



REINSTATEMENT B D

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 4929 Bell Shoals Rd.	Suite, Apt. #, etc. 4929 Bell Shoals Rd.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	08/29/1988
5. FEI Number	Applied For
59-2905564	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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
BO TD	HOLLAND, LEE	3309 LAS BRISAS DRIVE	RIVERVIEW FL 33569
BF	HUNZIKER, BILL	16164 BOYETTE ROAD	RIVERVIEW FL 33569
BD	MATHIS, LAURA	19914 RAULERSON ROAD	RIVERVIEW FL 33569
BE	MCFAIL, BOB	42114 TIMBERLAKE RD.	RIVERVIEW FL 33569
BD D	KNIGHT, ELAINE	12844 TALLWOOD DRIVE	RIVERVIEW FL 33569
D	Cal Riley	10109 TARRAZOR DR	RIVERVIEW FL 33569

8. Name and Address of Current Registered Agent

~~LABRECQUE, ROBERT~~
757 ISLETON DR
BRANDON FL 33311

9. Name and Address of New Registered Agent

Name **Ken Ackerman**
 Street Address (P.O. Box Number is Not Acceptable)
502 BARRIA BEACH Blvd # 32A
 Suite, Apt. #, Etc.
 City **Ruston** State **FL** Zip Code **33570**

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 Agent *Ken Ackerman*

REGISTERED AGENT MUST SIGN

300004690253--9
 11/21/01--01018--009
 *****245.00 *****245.00
 Date **10-29-01**

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: *Lee R. Holland* **Lee R. Holland** 10/27/01 813-661-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (801)