

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV -8 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N41921**  
1. Corporation Name  
**SUNRISE BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
~~RT 2 BOX 242~~ ~~RT 2 BOX 242~~  
JASPER FL 32052 JASPER FL 32052  
US US  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable  
**P.O. Box 851**  
Suite, Apt. #, etc.  
**JASPER, FL.**  
City & State  
Zip **32052** Country **HAMILTON**  
3. New Mailing Office Address, If Applicable  
**P.O. Box 851**  
Suite, Apt. #, etc.  
**JASPER, FL. 32052**  
City & State  
Zip **32052** Country **HAMILTON**

4. Date Incorporated or Qualified To Do Business in Florida **01/31/1991**  
5. FEI Number **NOT APPLICABLE** Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED

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	WETHERINGTON, O W	<del>RT 2, BOX 242</del> 2725 NW 25 Hwy 129	JASPER FL 32052
D	SMITH, W	<del>RT 2, BOX 46</del> 11610 CR 6 East	JASPER FL 32052
D	WETHERINGTON, ODIS	ROUTE 2 BOX 242	JASPER FL 32052
D	HUGHES, K	<del>RT 3, BOX 65</del> 1650 Canal St NW	JASPER FL 32052

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-11/30/00 1049-003  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent  
WETHERINGTON, O W  
RT-2, BOX 242 2725 NW 25 Hwy 129  
JASPER FL 32052

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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 *O W Wetherington* **SIGNATURE REQUIRED** Date **11-6-00**  
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: *O W Wetherington* **SIGNATURE REQUIRED** Date **11-6-00** 904-792-4053 Daytime Phone #

2072

# SUNRISE BAPTIST CHURCH

P.O. Box 851  
Jasper, FL 32052

November 3, 2000

State of Florida  
Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern:

Due to an incorrect mailing address, I failed to receive the first notification concerning the renewal of our corporation documents. This notice has just been received.

Thank you for your consideration.

Sincerely,



O. W. Wetherington  
Registered Agent