

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700187

1. Corporation Name

The Cornerstone Baptist Church of Sarasota, Inc.

2. Principal Office Address - No P.O. Box #

3308 17th Street

Suite, Apt. #, etc.

3. Mailing Office Address

3308 17th Street

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34235

Country

USA

Zip

34235

Country

USA

7. Name and Address of Current Registered Agent

Name

John C. Dent, Jr.

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

3415 Magic Oak Lane

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

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

REGISTERED AGENT MUST SIGN

Date February 13, 2012

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
P/D	John C. Dent, Jr.	660 Golden Gate Pt. #62	Sarasota, FL 34236
T/S	April Fullford	330 N. Lockwood Ridge Rd.	Sarasota, FL 34237
D	Beatrice Plummer	4538 Morningside	Sarasota, FL 34235
D	Gloria Carson	5800 N. Lockwood Ridge	Sarasota, FL 34243
D	Iris Selleck	3829 Nottingham Dr.	Sarasota, FL 34235

10. E-mail Address: taylormade5@mail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILLED

2012 MAR -8 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

11-12

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1959

5. FCI Number

59-1412656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900222168589
03/07/12--01038--015 **\$61.25

900222168589
02/16/12--01027--003 **\$236.25

REINSTATEMENT

2011-2012

February 13, 2012 (941) 952-1070