

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 FEB -7 PM 12:27

SEC. OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 701803

1. Corporation Name

Country Crossroads Baptist Church INC

2. Principal Office Address  
11411 SR 121, N

3. Mailing Office Address  
11411 SR 121, N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

Country

Zip

Country

32653-1244

Ala.

900067457579  
03/09/06--01020--014 \*\*61.25

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-6032860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name DOROTHY W. BRUNSON

Street Address (P.O. Box Number is Not Acceptable)  
8620 N.W. 13TH STREET

Suite, Apt. #, Etc.  
LOT 21

City GAINESVILLE

State  
FL

Zip Code  
32653

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 Dorothy W. Brunson  
REGISTERED AGENT MUST SIGN

Date JANUARY 22, 2006

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
D	Leigh Anne Bishop	1606 NE 16th Terr.	Gainesville, FL 32609
D	JAMES cowart	4621 NW 32th Pl.	Gainesville, FL 32606
T	Dorothy Brunson	8620 NW 13th St.	Gainesville, FL 32653
P	Lester R. DeBusk	P.O. Box 776	Waldo, FL 32694

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 contained in Chapter 119, 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.

Lester Ray DeBusk

SIGNATURE: Lester Ray DeBusk  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-06