

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

04 FEB -9 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **704061**

1. Corporation Name

JUNE PARK BAPTIST CHURCH, INCORPORATED, OF MELBOURNE, FLORIDA

Principal Place of Business

Mailing Address

3475 MIAMI AVE.
MELBOURNE FL 32904

3475 MIAMI AVE.
MELBOURNE FL 32904

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

05/18/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1716052

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
VD	MADDEN, EARL D. Richard Getz	440 VINE STREET 2655 Trammel	MELBOURNE FL 32935
D	LAMB, MARTIN Rudy Espeleta	2034 ADAMS AVE 2290 Commodore	MELBOURNE FL 32935 32904
D	THOMAS, ROBERT	441 VINE ST	MELBOURNE FL 32904

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02/09/04--01012--021 **297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Richard Getz

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

2655 Trammel Ave

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

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

Richard Getz
REGISTERED AGENT MUST SIGN

Date

1-26-04

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.

RICHARD GETZ

SIGNATURE:

Richard Getz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)