

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 NOV 16 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705506

1. Corporation Name

MACEDONIA MISSIONARY BAPTIST CHURCH,
LAKE GARFIELD, INC.

2. Principal Office Address - No P.O. Box #
1460 E. SEMINOLE TRAIL

3. Mailing Office Address
P. O. BOX 285

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BARTOW, FL.

City & State

BARTOW, FL.

Zip

33831

Country

POLK

Zip

33831

Country

POLK

REINSTATEMENT 07-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1963

5. FEI Number

59-1968763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RUSSELL J. PATTERSON

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

435 3RD AVE. SOUTH

Suite, Apt. #, Etc.

City

BARTOW

State

FL

Zip Code

33831

600187825856
11/16/10--01045--DT2 **420.00

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

Russell J. Patterson

REGISTERED AGENT MUST SIGN

Date

9-15-10

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 | RUSSELL J. PATTERSON | 435 3RD AVE. SOUTH | BARTOW, FL. 33831 |
| D | DORIS JOINER | 1495 GREENTREE AVE. | BARTOW, FL. 33830 |
| S | MARTHA A. JONES | 340 CARVER AVE. | BARTOW, FL. 33831 |
| | | | |
| | | | |
| | | | |

10. E-mail Address:

(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., 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.

SIGNATURE:

Russell J. Patterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-15-10

Daytime Phone #

(863) 581-3959