


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 FEB -2 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 707202

1. Corporation Name  
OPEN BIBLE COMMUNITY CHURCH OF LAKELAND, INC.

2. Principal Office Address 130 YOUNG PLACE		3. Mailing Office Address 130 YOUNG PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND, FL		City & State LAKELAND, FL	
Zip 33803	Country USA	Zip 33803	Country USA

**REINSTATEMENT** 03-04  
MRB

4. Date Incorporated or Qualified To Do Business in Florida 4-27-64

5. FEI Number 59-2302593

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  
BRUCE E. ROBINSON

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

Suite, Apt. #, Etc.

City  
LAKELAND

State  
FL

Zip Code  
33803

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 *Bruce E. Robinson* Date 2-1-05

REGISTERED AGENT MUST SIGN

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	BRUCE E. ROBINSON	130 YOUNG PLACE	LAKELAND, FL 33803
D	ANNA M. ROBINSON	130 YOUNG PLACE	LAKELAND, FL 33803
T	TARO DIXON	3845 PIONEER TRAIL DR.	LAKELAND, FL 33810

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 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: *Bruce E. Robinson* Date 2-1-05 Daytime Phone # 863-666-5838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)