

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 707954**

1. Corporation Name  
**LIBERTY CHURCH, INC.**

Principal Place of Business          Mailing Address  
8600 HWY 98 W                          8600 HWY 98 W  
-BOX 3138-                              -BOX 3138-  
PENSACOLA FL 32508                  PENSACOLA FL 32508  
US    US

**REINSTATEMENT 9600**

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	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		10/13/1984	
City & State		City & State		5. FEI Number 23-7082057	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LIPSCOMB, BUFORD	6003 CHANDELLE CIR	PENSACOLA, FL 00000
PD	KEITER, ROB	5037 CHANDELLE DR	PENSACOLA, FL 00000
TD	WEAVER, JIMMY	205 N 59TH AVENUE	PENSACOLA FL
S	HARRIS, JOHN	1801 GRUNDY STREET	PENSACOLA FL

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
LIPSCOMB, BUFORD 6003 CHANDELLE CIR PENSACOLA FL 32507		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City		State	Zip Code
				FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.  
Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: [Signature]** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CRS-040 (7/95)