

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB 16 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

DOCUMENT # **708128**

1. Corporation Name

**ROSELAND GARDENS COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

1717 INDIAN RIVER BLVD.  
#301  
VERO BEACH FL 32960-0864

1717 INDIAN RIVER BLVD.  
#301  
VERO BEACH FL 32960-0864

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~1515 US Hwy. 1~~  
~~Suite, Apt. #, etc.~~  
~~Suite 201~~

City & State  
**Sebastian, FL 32958**

Zip  
**32958**

Country  
**US**

3. New Mailing Office Address, If Applicable

~~1515 US Hwy. 1~~  
~~Suite, Apt. #, etc.~~  
~~Suite 201~~

City & State  
**Sebastian, FL 32958**

Zip  
**32958**

Country  
**US**

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/12/1964**

5. FEI Number

**59-1864431**

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
<del>SD</del>	<del>HATHAWAY, DENNY R.</del>	<del>8445 HART AVE</del>	<del>ROSELAND FL</del>
SD	HATHAWAY, SUSAN S.	11195 ROSELAND RD. #3	SEBASTIAN FL 32958 000003171820--8 8841600--01003--009 ****297.50 ****297.50
D	HATHAWAY, RICHARD	11195 ROSELAND RD. #3	SEBASTIAN FL
D	HART, VICTOR	4659 34 AVENUE	VERO BCH. FL
PD	Miller, Sam	P.O. Box 591	Vero Beach FL 32961

8. Name and Address of Current Registered Agent

**SMITH, SHERMAN N., JR.**  
**1717 INDIAN RIVER BLVD.**  
**STE 301**  
**VERO BEACH FL 32960**

9. Name and Address of New Registered Agent

Name

**John G. Evans, Esquire**

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

**1515 US Hwy. 1**

Suite, Apt. #, Etc.

**STE. 201**

City

**Sebastian**

State

**FL**

Zip Code

**32958**

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.

Signature of  
Registered Agent

**John G. Evans, Esq.**

REGISTERED AGENT MUST SIGN

Date

**2/14/00**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard Hathaway**

Date

**2/11/2000**

Daytime Phone #

**561-589-0830**

CR2E040 (8/99)