

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR -5 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708128

1. Corporation Name

Roseland Gardens Community Church, Inc.

2. Principal Office Address - No P.O. Box #

1565 US Hwy #1

Suite, Apt. #, etc.

City & State

Sebastian

Zip

32958

Country

Indian River

3. Mailing Office Address

1565 US Hwy #1

Suite, Apt. #, etc.

City & State

Sebastian

Zip

32958

Country

Indian River

REINSTATEMENT 03-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

John G. Evans

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

1565 US Hwy #1

Suite, Apt. #, Etc.

City

Sebastian

State

FL

Zip Code

32958

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date February 29, 2008

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
SD	Hathaway, Susan S.	11155 Roseland Road	Sebastian FL 32958
D	Hathaway, Richard	11155 Roseland Road	Sebastian FL 32958
D	Hart, Victor	4659 34 Avenue	Vero Beach FL 32960
PD	Miller, Sam	P.O. Box 591	Vero Beach FL 32960
	<i>Handwritten: 3/10</i>		<i>Handwritten: 400119491594 03/05/08-01041-015 **551.25</i>

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 contained in Chapter 119, 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:

Susan S. Hathaway, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-08

Daytime Phone #

772-589-0830