

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 09 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712265

1. Corporation Name
First Baptist Church of Edgewater, Inc

REINSTATEMENT 72-04

2. Principal Office Address
130 East Park Ave.

3. Mailing Office Address
130 East Park Ave.

Suite, Apt. #, etc.

City & State
Edgewater, FL

City & State
Edgewater, FL

Zip Country
32132 USA

Zip Country
32132 USA

4. Date Incorporated or Qualified To Do Business in Florida 2/16/67

5. FEI Number 20-000-1812 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 Tamara A. Collins 000038283320

Street Address (P.O. Box Number is Not Acceptable) 130 East Park Ave

Suite, Apt. #, Etc.

City Edgewater State FL Zip Code 32132

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 Tamara A. Collins Date 6-21-04
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
Trustee	Renee Stinson	756 Bay Drive	New Smyrna, FL 32168
Trustee	Marie S. Goodrich	334 N. Riverside Dr.	Edgewater, FL 32132
Trustee	Morris W. Collins	898 So. Myrtle Ave.	New Smyrna Bch. FL 32168
Trustee	Tamara A. Collins	898 S. Myrtle Ave.	New Smyrna Bch FL 32168

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: Tamara Collins, Tamara A. Collins, Treas. 6-21-04 386-428-0391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)