

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

*Magnolia Baptist Church INC.*

2. Principal Office Address

*401 Lakeshore Dr.*

Suite, Apt. #, etc.

City & State

*Daytona Beach FL*

Zip

*32114*

Country

*Volusia*

3. Mailing Office Address

*2155 W Halifax Rd*

Suite, Apt. #, etc.

City & State

*Port Orange FL*

Zip

*32128*

Country

*Volusia*

REINSTATE

*02-03*

4. Date Incorporated or Qualified  
To Do Business in Florida

*8/17/67*

5. FEI Number

*05-0024806*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

*Bill Martin*

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

*2155 W Halifax Rd*

Suite, Apt. #, Etc.

City

*Port Orange FL*

State

*FL*

Zip Code

*32128*

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

*Pastor Bill Martin*

Date: *1/3/03*

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
<i>D</i>	<i>Shelia Payne</i>	<i>415 Lakeshore Dr.</i>	<i>32114 Daytona FL</i>
<i>PD</i>	<i>Bill Martin</i>	<i>2155 W Halifax Rd</i>	<i>Port Orange FL - 32128</i>
<i>D</i>	<i>Markene D. Martin</i>	<i>2155 W Halifax Rd</i>	<i>Port Orange FL 32128</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 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:

*Pastor Bill Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-3-03*

Date

*1-386-248-0488*

Daytime Phone #

CR2E081 (10/02)

*2/1/03*