

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 13 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 716892

1. Corporation Name

COMMUNITY CHURCH OF GOD OF LAKE PLACID, INC.

Principal Place of Business

254 EAST PARK AVE.  
LAKE PLACID FL 33852

Mailing Address

232 E. PARK AVE  
LAKE PLACID FL 33852  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/1969

5. FEI Number

59-3055708

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	SPIKES, ANDREW	192 11TH ST.	LAKE PLACID FL 33852
D	CANNON, CLARICE	312 WASHINGTON AVE.	LAKE PLACID FL
D	LONG, KENNETH	5 PINE AIRE CIRCLE	LAKE PLACID FL 33852
T	VALENTINE, DEBRA	436 SUNDOWN AVENUE	LAKE PLACID FL 33852
S	JOHNSON, CAROLYN	608 DENISE AVENUE	SEBRING FL 33870
100003078761--7 -12/23/99--01006--004 ****236.25 ****236.25			

8. Name and Address of Current Registered Agent

FRICK, NOLA R.  
112 HONEYSUCKLE LANE  
LAKE PLACID FL 33852

9. Name and Address of New Registered Agent

Name: Debra Valentine  
Street Address (P.O. Box Number is Not Acceptable): 232 E Park Ave  
Suite, Apt. #, Etc.:  
City: Lake Placid State: FL Zip Code: 33852

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

Debra Valentine

REGISTERED AGENT MUST SIGN

Date

12/8/99

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 stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Debra Valentine  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/8/99 (863) 465-4333  
(863) 465-3715

Daytime Phone #