

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE,
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 DEC 22 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Brush Arbor Church, Inc.
716896

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

14220 Bay Lake Rd.
Suite, Apt. #, etc.

3. Mailing Office Address

14220 Bay Lake Rd.
Suite, Apt. #, etc.

City & State

Groveland

City & State

Groveland

Zip

34736

Country

U.S.A.

Zip

34736

Country

U.S.A.

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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 William R. Warren

Street Address (P.O. Box Number is Not Acceptable)
14220 Bay Lake Rd.

Suite, Apt. #, Etc.

City

Groveland

State

FL

Zip Code

34736

☒ 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

William R. Warren

REGISTERED AGENT MUST SIGN

Date 12/8/08

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
PD	William R. Warren	14220 Bay Lake Rd	Groveland, FL 34736
SD	Shelly Warren	14220 Bay Lake Rd	Groveland, FL 34736
D	Bessie Herndon	4913 Edgemoor Dr.	Orlando, FL 32810
T	Robert Reynolds III	14220 Bay Lake Rd	Groveland, FL 34736
REINSTATEMENT 700139203467 12/22/08--01051--001 **122.50 07-08			

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:

William R. Warren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/08 (352)348-9087

Date

Daytime Phone #