

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 MAY 30 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 717399

1. Corporation Name

First Baptist Church of Rock Springs, Inc.

2. Principal Office Address

4490 N. Rock Springs Rd  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1653  
Suite, Apt. #, etc.

City & State

Apopka FL

Zip Country

32712 U.S.A

City & State

Apopka, FL

Zip Country

32704-1653 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/1969

5. FEI Number

59-1967748

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

Bruce A. Hart

600003307956

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

16318 CR# 448

-06/28/00--01070--014

\*\*\*\*297.50 \*\*\*\*297.50

Suite, Apt. #, Etc.

City

Mt DORA

State  
FL

Zip Code

32757

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

*Bruce A Hart*

Date 4/28/00

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
D	Bruce Hart	16318 CR# 448	Mt. Dora, FL 32757
D	Eugene McCuckin	4326 N. Plymouth-Sorrento Rd	Apopka, FL 32712
T	Janet Freedom	3316 Westford Dr	Apopka, FL 32712
S	Rita K. Nipper	132 Edgewood Avenue	Apopka, FL 32703
T	Carletta Godlove	3 Anita Court	Sorrento, FL 32776
T	Doris Buchan	187 Trailer Haven Lane	Apopka, FL 32712

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:

*Rita K. Nipper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2000

Date

407-886-2805  
Daytime Phone #

CR2E081 (9/99)