

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 28 AM 8:12

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800074336028
05/10/06--01012--020 **70.00

DOCUMENT # 717604

1. Corporation Name
First Baptist Church of
Jasmine Lakes, Inc.

2. Principal Office Address
6835 Jasmine Blvd.

Suite, Apt. #, etc.

City & State
Port Richey, FL

Zip Country
34668 Pasco

3. Mailing Office Address
6835 Jasmine Blvd.

Suite, Apt. #, etc.

City & State
Port Richey, FL

Zip Country
34668 Pasco

REINSTATEMENT 03-06
CR2E081 (12/05)
11-07-03 01005 011 \$175.00

4. Date Incorporated or Qualified
To Do Business in Florida 11/24/69

5. FEI Number 59-1500798
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 Greg Baker
Street Address (P.O. Box Number is Not Acceptable)
7309 Stevens Dr.
Suite, Apt. #, Etc.
City Hudson

State Zip Code
FL 34667

\$35/5

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 Gregory A. Baker
Date 4-23-06
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	Bob Clark	12050 Carver Ave	New Port Richey, FL 34667
D	Ken Duffield	10238 Holly Dr.	Port Richey, FL 34668
D	Bob Maulds	14046 Beech Tree Ct.	Hudson, FL 34667
T	Paula Grose	8034 Casuarina Dr.	Port Richey, FL 34668
S/T	Kelley Cassis	4047 LaPasida Ln.	New Port Richey, FL 34665

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: Robert J. Clark 4/18/2006 (727) 863-5467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #