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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DOSCOMENT# TITLOOH 1. Corposition Name Lakes, Trc.  2. Proceduration Blind South, April 8, acc.  3. Maling Office Address South, April 9, acc.	•										
1. Copy position have First Baptist Church of Tasmine Lakes, Inc.  2. Principle Office Address.  3. Mailing Office Address.  4. Data Incorporated or Qualified 1970.  3. Mailing Office Address.  4. Data Incorporated or Qualified 1970.  3. Mailing Office Address.  4. Data Incorporated or Qualified 1970.  3. Mailing Office Address.  4. Data Incorporated or Qualified 1970.  3. Mailing Office Address.  4. Data Incorporated or Qualified 1970.  3. Mailing Office Address.  4. Data Incorporated or Qualified 1970.  3. Mailing Office Address.  5. EEL Minimory Office		Section 1 to the section of the sect	Sec	cretary of State			06 APR 28 AH	8: 12			
1. Corporation hame First Baptist Church of Jasmine Lakes, Inc.  2. Principal Office Address.  3. Making Office Address.  3. Making Office Address.  4. Data Incorporated of Data Info.  3. Making Office Address.  4. Data Incorporated of Data Info.  3. Making Office Address.  4. Data Incorporated of Data Info.  3. Making Office Address.  4. Data Incorporated of Data Info.  3. Making Office Address.  4. Data Incorporated of Data Info.  3. Making Office Address.  4. Data Incorporated of Data Info.  3. Making Office Address.  4. Data Incorporated of Data Info.  3. Making Office Address.  4. Data Incorporated of Data Info.  3. Making Office Address.  3. Making Office Address.  4. Data Incorporated of Data Info.  3. Making Office Address.  4. Data Incorporated of Data Info.  3. Making Office Address.  4. Data Incorporated of Data Info.  3. Making Office Address.  4. Data Incorporated Office O	DOCUMENT # 7171004					<b>;</b> ;	MANTER.	e i A în. Î-CRIDA			
Suite, Apr. 8, etc.  Cry & State  POH Richey FL  Poh Richey FL  Suite, Apr. 8, etc.  Poh Richey FL  Suite, Apr. 8, etc.  Suite, Apr. 8,	1. Corporation Name First Baptist Church Of										
Suite, Apt. #, etc.  Sireal Ageness (P. Queller)  Sireal Ageness of Each Officer and/or Director (Fooda nonprofit corporations must list at least 3 directors)  Times and Street Addresses of Each Officer and/or Director (Fooda nonprofit corporations must list at least 3 directors)  Times and Street Addresses of Each Officer and/or Director (Fooda nonprofit corporations must list at least 3 directors)  Times Officer and/or Directors  Debo Clark  10.238 Holly Dr.  Port Richey, FL 34468  D Bob Moulds  14. Deling application of Street Addresses of Each Officer and/or Director (Fooda nonprofit corporations must list at least 3 directors)  Times Officer and/or Directors  Debo Clark  12.0506  D Bob Moulds  14. Deling application of Street Addresses of Each Officer and/or Director (Fooda nonprofit corporations must list at least 3 directors)  Times Officer and/or Directors  Debo Clark  12.0508  D Bob Moulds  14. Deling application, the reason for of incidence or incidence of incidence of incidence of Each Officer and/or Director (Fooda nonprofit corporations must list at least 3 directors)  Times Officer and/or Directors  Dream Agenesia of Each Officer and/or Director (Fooda nonprofit corporations must list at least 3 directors)  Times Officer and/or Directors  Debo Clark  12.0508  D Bob Moulds  14. Deling application at provided for in chapter 607 or 617, F.S. Hurther cartly that when filing the terminatement application, the reason for disadulton has been eliminated, the corporate name satisfies the equirements of section 607/0401 or 617/401 f.S., that all fees on this application is the area accusate, and my significant that the same legal effect as if made under canter.  SIGNATURE: All All All All All All All All All Al	2. Principa	- · - /			חו		STATEM	EMT	03-00	r 0 0 (32	
City & State POYA Richey FL POYA State					- 131Vd						
City 4 State POH Richey FL POH Richey FL 2D 20 3H668 PASCO 3H668 PASCO 3H668 PASCO 6-CERTECATE OF STATUS DESIRED 379 Adultoral For injuries of Status FL Street Agency (P.Q. gak Namper is Not Acceptable) Street Agency (P.Q. gak Namper is Not Acceptable) Suite, Apt. #, Etc.  City Hudson  8. 1, being appointed the Agentered agent of the above nagred corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  9. Names and Street Addressos of Each Officer and/or Director (Florida nonprofit corporations must is: at least 3 directors)  Titles  Officer and/or Director  Name of Officer and/or Director  Name of Officer and/or Director  POH Richey, FL 3H68  D Bob Clark  1023% Holly Dr.  POH Richey, FL 3H68  ST Kelley Cassis  4041 LaPasida Ln.  NewPortRichey, FL 3H68  ST Kelley Cassis  10, Lordy that I am an officer or director or the necessor or transported to execute this application as provided for in despire 607 or 617, F.S. I further certify that when filing interestiments application, the research of dissolution has been eliminated, the corporate neither as provided for in despire 607 or 617, F.S. I further certify that when filing interestiments application, the research of dissolution has been eliminated, the corporate neither as provided for in despire 607 or 617, F.S. I further certify that when filing more plantaged the major of dissolution of a disposition of a corporation or collabor or 617 or 617, F.S. The information released on this application is true and accorde and of individual licent on the necessity of disposition in collabor or the research of dissolution is a least of made under calls.  SIGNATURE: All All All All All All All All All Al	Suite, Apt. #,			<b>.</b> .		4. Date Incorporated or Qualified					
2p	City & State City & State City & State			2.06-01	<del></del> ,	11/09/01					
7. Name and Address of Current Registered Agent  Name Grap Baker  Street Aggress (P. a. Bar. Number is Not Acopytable)  Sute, Apr. 8. Etc.  City Hudson  8. I. being appointed the plastered agent of the above narped corporation, am familier with and sociept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Agent Judges of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  D. Bobb Clark 12050 Carver Ave NewPort Richey, FL34469  D. Ken Dufffield 10238 Holly Dr. PortRichey, FL34465  D. Bob Moulds 14046 Beach Tree Ct. Hudson, FL 344667  T. Paula Grose 8034 Casuarina Dr. Port Richey, FL34465  St. Kelley Cassis 4047 LaPasida Ln. NewFortRichey, FL34465  10. Lority that I am an officer or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Thurher centry that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporation have been plant and the names of individuals issed on this form do not qualify for a everyption 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 caus.  SIGNATURE: All All All All All All All All All Al	Zip	Country	POIT K	Country	TL_	59-1500798   Not Applicable				İ	
Name Grea Baker  Street Address (P.O. Set. Number is Not Acceptable)  Suite, Apt. #, Etc.  City Hudson  8. 1. being appointed the highstered agent of the above narped corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent A	346	68 Pasco	34668	3 Pas	<b>(</b> 0		OF STATUS DESIRED			i	
Street Addresses (P.O. Bix Number is Not Acceptable) Suite. Apt. #, Elic.  City Hudson  8. 1. being appointed the Physician diagram 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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  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 Addresses of Each Officer and/or Directors Officer and/or Directors New Port Richey, FL 3HUSH  D Bob Clark 12050 Carver Ave New Port Richey, FL 3HUSH  D Bob Moulds 14046 Beach Tree Ct. Hudson, FL 3HUST  T Paula Grose 8034 Casuarina Dr. Port Richey, FL 3HUSS  ST Kelley Cassis 4047 LaPasida Ln. New Port Richey, FL 3HUSS  Very Cassis 4047 LaPasida Ln. New Port Richey, FL 3HUSS  10. Lerily 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 617,001, F.S., that all flees 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 the application, is true and accurate, and my signature shall have the same legal effect as if made under cash.  SIGNATURE: All All All All All All All All All Al											
Suite, Apt. #. Etc.  City Hudson  8. 1, being appointed the poistored agent of the above named corporation, am familiar with and accept the obligations of section 607.0503, F.S.  Signature of Judgyy A. Baue  Registered Agent  Paula Grose  Bob Clark  Description of Officer and/or Directors  Name of Officer and/or Directors  Name of Officer and/or Directors  NewPort Richey, FL 34694  Description of Duffield  10238 Holly Dr.  Port Richey, FL 34685  The Duffield  10238 Holly Dr.  Port Richey, FL 34685  Thuston Duffield  NewPort Richey, FL 34685  Thuston Duffield  NewPort Richey, FL 34685  NewPort Richey, FL 34686  New Port Richey, FL 34686  New Por		Grea Baker									
8. I. being appointed the absistered 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		Street Address (P.O. Box Number is Not Acceptable)					JARC C				
8. I, being appointed the fabistered agent of the above nagred corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent Agen		Suite, Apt. #, Etc.							$\neg \eta \eta \nu$	13	
8. I. being appointed the bysistered 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 Agen											
Signature of Registered Agent Juyury A. Balu 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 NewPort Richey, FL 3H69H  D Ken Duffield 10238 Holly Dr. Port Richey, FL 3H68H  D Bob Moulds 14046 Beech Tree Ct. Hudson, FL 34667  T Paula Grose 8034 Casuarina Dr. Port Richey, FL 3H668  S/T Kelley Cassis 4047 LaPasida Ln. NewPortRichey, FL 34668  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 flees 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: All All All All All All All All All Al	1- 5-1001										
Titles Name of Officers and/or Directors  Street Address of Each Officer and/or Director  D Bob Clark  12050 Carver Ave Newford Richey, FL 34694  D Ken Duffield  10238 Holly Dr. Ford Richey, FL 34685  D Bob Maulds  14046 Beech Tree Ct. Hudson, FL 34667  T Paula Grose  8034 Casuarina Dr. Pord Richey, FL 34668  S/T Kelley Cassis  4041 LaPasida Ln. NewfordRichey, FL 34668  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 807 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: All All All All All All All All All Al	Signature of Registered Agent August 1. Bales Date 4.23-06										
D BOB CLARK  12050 CAVER AVE Newfort Richey, FL 34694  D Ken Dufffield  10238 Holly Dr. PortRichey, FL 34668  D BOB Moulds  14046 Beech Tree Ct. Hudson, FL 34667  T Paula Grose  8034 Casuarina Dr. Port Richey, FL 34668  S/T Kelley Cassis  4047 LaPasida Ln. NewfortRichey, FL 34668  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 his form do not allify 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: About T. Clark 4/18/6006											
D Ken Duffield 10238 Holly Dr. FortRichey, FL 34688 D Bob Moulds 14046 Beech Tree Ct. Hudson, FL 34667 T Paula Grose 8034 Casuarina Dr. Port Richey, FL 34668 S/T Kelley Cassis 4047 LaPasida Ln. NewfortRichey, FL 34668  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 oved 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: All All All All All All All All All Al	Titles			Street Office	Address of Each r and/or Director		City / State / Zip				
D Bob Moulds  14046 Beech Tree Ct. Hudson, FL 34667  T Paula Grose  8034 Casuarina Dr. Poth Richey, FL 34668  S/T Kelley Cassis  4047 LaPasida Ln. NewPortRichey, 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: All All All All All All All All All Al	D	Bob Clark		12050 Carver Ave			NewPort Richey, FL34654				
T Paula Grose 8034 Casuarina Dr. Port Richey, FL 34668  S/T Kelley Cassis 4047 LaPasida Ln. NewfortRichey, FL 34465  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: Application is True and Application in the province of	$\mid D \mid$	Ken Duffield		10238 Holly Dr.			PORTRICHCY, FL 34668				
S/T Kelley Cassis 4047 LaPasida Ln. NewforkRichey, FL34W5  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 filling 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: All All All All Albert 7. Clark 4/Islaws (22) 363-5867	D	Bob Moulds		14046 Boech Tree Ct.			Hudson, FL 34667				
S/T Kelley Cassis 4047 LaPasida Ln. NewforkRichey, FL34W5  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 filling 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: All All All All Albert 7. Clark 4/Islaws (22) 363-5867	T	Paula Grose		8034 Casuarina Dr.			Port Riche	YIFL	34668		
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