

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 OCT 24 PM 3:04

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DOCUMENT # 717933

1. Corporation Name

The First Baptist Church of Vernon, Florida, Inc.

500137250739
10/24/08--01026--002 **358.75

REINSTATEMENT 06-08

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

2888 Church Street

Suite, Apt. #, etc.

City & State

Vernon, Florida

Zip

32462

Country

USA

3. Mailing Office Address

P O Box 854

Suite, Apt. #, etc.

City & State

Vernon, Florida

Zip

32462

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 01/22/1970

5. FEI Number
592706877

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

Kay Smith

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

2680 Traverse Drive

Suite, Apt. #, Etc.

City

Vernon, Florida

State

FL

Zip Code

32462

☐ 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

Kay Smith
REGISTERED AGENT MUST SIGN

Date 10-22-2008

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
P	Henry L. Day	3870 Day Lane	Caryville, Florida 32427
VP/S	Kay Smith	2680 Traverse Drive	Vernon, Florida 32462
T	Angel Young	3836 C Maddox Springs Road	Caryville, Florida 32427

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:

Kay Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-2008

Date

850-638-2800

Daytime Phone #