

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 15 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718262

1. Corporation Name

LAKE PIERCE BAPTIST CHURCH, Inc.

2. Principal Office Address

3643 CANAL ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 768

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

City & State

LAKE WALES, FL

Zip

33859

Country

POLK

Zip

33853

Country

POLK

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 24, 1970

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

GAYLE TURNER

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

6 RANCH TRAIL ROAD

Suite, Apt. #, Etc.

City

HAINES CITY,

State

FL

Zip Code

33844

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

Gayle Turner

REGISTERED AGENT MUST SIGN

Date

July 10, 2003

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/T	RANDY KIRKLAND	2619 SNAPPING TURTLE DRIVE	LAKE WALES, FL 33898
D/T	GAYLE TURNER	6 RANCH TRAIL ROAD	HAINES CITY, FL 33844
D	SHIRLEY PETTETT	5501 JENNINGS ROAD	HAINES CITY, FL 33844

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:

Gayle Turner

GAYLE TURNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 10, 2003

Daytime Phone #

(863)4397509

2/2

JULY 10, 2003

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RE: REINSTATEMENT OF CORPORATION OF LAKE PIERCE BAPTIST CHURCH

TO WHOM IT MAY CONCERN:

IT HAS ONLY RECENTLY BEEN BROUGHT TO MY ATTENTION THAT THE CORPORATION
PAPERWORK FOR OUR LITTLE CHURCH HAS BEEN MISSING.
DUE TO THE DEATH OF ONE OF THE TREASURERS A COUPLE OF YEARS AGO AND A
STROKE INCAPACITATING ANOTHER LAST YEAR, WE HAVE BEEN TRYING TO RETRACE
THE PAPERWORK TO MAKE SURE EVERYTHING WAS FILED.
WE HAVE NOW BEEN INFORMED THAT THE FORMS ARE STILL WITHIN YOUR OFFICE AND
WE CAN BE REINSTATED WITHOUT ANY PENALTY.
THE LORD WORKS IN MANY WAYS TO HELP OUT HIS FAMILY AND THIS IS A BLESSING IN
ITSELF FOR US.

THANK YOU A THOUSAND TIMES OVER FOR YOUR HELP AND UNDERSTANDING OF OUR
SITUATION.

RESPECTFULLY,



GAYLE TURNER, TREASURER IN TRAINING.
LAKE PIERCE BAPTIST CHURCH

ATTACHMENTS: 2
FORM & CHECK FOR \$245.00