

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 13 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720587

1. Corporation Name
Whiddon Lake Primitive Baptist
Church of Ivan, Florida, Inc.

2. Principal Office Address

122 Kasey Lane
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Zip

32327

Country

USA

Zip

Country

100057405671
07/13/05--01011--003 **1828.75

REINSTATEMENT 79-05

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/1971

5. FEI Number

59-2982586

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

Mrs. Evon Strickland

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

122 Kasey Lane

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

Evon Strickland Clerk/Treasurer
Evon Strickland REGISTERED AGENT MUST SIGN

Date 7/11/2005

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
Trustee	Bobby Strickland	108 Coleman Road	Crawfordville, FL 32327
Trustee	Allen Dallis	1822 Crawfordville Highway	Crawfordville, FL 32327
Trustee	Maurice Raker	1003 Lonnie Raker Lane	Crawfordville, FL 32327
Trustee	D.R. Vause	233 Epsie Strickland Road	Crawfordville, FL 32327
Trustee	Janie Raker	1087 Lonnie Raker Lane	Crawfordville, FL 32327
Deacon	Wayne Strickland	122 Kasey Lane	Crawfordville, FL 32327

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:

Evon Strickland Evon Strickland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/2005 850-926-3537
Date Daytime Phone #