

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 25 AM 7:23

FLORIDA DEPARTMENT OF STATE
HALL OF RECORDS, FLORIDA

300073993373

05/04/06--01022--011 **367.50

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720869

1. Corporation Name

First Baptist Hilltop Church, Inc.

2. Principal Office Address

200 Maxey Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 936

Suite, Apt. #, etc.

City & State

Frostproof, Florida

Zip
33843

Country

USA

City & State

Frostproof, Florida

Zip

33843

Country

USA

REINSTATEMENT
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1971

5. FEI Number

05-0078914

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

Randolph Hamilton

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

11 Jefferson Avenue

Suite, Apt. #, Etc.

City

Frostproof

State

FL

Zip Code

33843

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

Randolph Hamilton
REGISTERED AGENT MUST SIGN

Date

4/9/06

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
CD	James Smith	9 Garvey Lane	Frostproof, Fla. 33843
TR	Evelyn Lewis	769 Hunt Drive	Lake Wales, Fla. 33853
S	Christine Nilson	50 Queens Court	Frostproof, Fla. 33843
S	Sylvia Lewis	64 Lincoln Street	Frostproof, Fla. 33843
T	Randolph Hamilton	11 Jefferson Avenue	Frostproof, Fla. 33843
T	Wallace Lowery	62 Lincoln Street	Frostproof, Fla. 33843

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:

Christine Nilson Christine Nilson 4/9/06 (863) 635-3396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #