

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721476

1. Corporation Name

BAPTIST WORLD OF FLORIDA, INC.

Principal Place of Business

3815 BEST TREE LOOP W
LAKELAND FL 33813

Mailing Address

4202 S PIPKIN RD
LAKELAND FL 33811

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1971

5. FEI Number

59-1783813

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GOLDEN, DALE L	427 SILVER HILL	VALRICO FL 33594
STD	PATTERSON, HUGH F	2953 OXFORD AVENUE 10039 REMINGTON DR.	LAKELAND, FL 00000 River View FL 33569
PD	SPURLOCK, GEORGE F	1160 RUSTIE ESTATES	LAKELAND FL
D	ROTH, LEE	3625 BRIDGEFIELD DRIVE	LAKELAND FL 33803
D	CUTHBERTSON, GORDON	3815 BENT TREE LOOP	LAKELAND FL 33813

8. Name and Address of Current Registered Agent

PATTERSON, HUGH F

508 CASSANDRA LN
LAKELAND FL 33809

10039 REMINGTON DR
River View, FL 33569-8344

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

Suite, Apt. #, Etc.

City

State

Zip Code

000004749820--9

-01/04/02--01008--014

****236.25 ****236.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Hugh F Patterson
REGISTERED AGENT MUST SIGN

Date 10-20-01

11. 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:

Gordon Cuthbertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/01 (863) 581-5070

FILED

01 DEC 21 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)