

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-00



FLORIDA DEPARTMENT OF STATE

**Katherine Harris
Secretary of State**

DIVISION OF CORPORATIONS

FILED

00 MAR 13 PM 3:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 721684

1. Corporation Name

**LAKEVILLE ROAD BAPTIST CHURCH INC.
OF ORLANDO, FLORIDA**

2. Principal Office Address

1333 E. CROWN POINT RD

Suite, Apt. #, etc.

#356

City & State

OCDEE, FL

Zip

34761

Country

3. Mailing Office Address

1583 E. SILVER STAR RD

Suite, Apt. #, etc.

#356

City & State

FL

Zip

34761

Country

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/13/1971

5. FEI Number

59-3471364

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

DAVID DOYLE

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

147 E. CONCORD ST.

Suite, Apt. #, Etc.

@

City

ORLANDO, FL

State

FL

Zip Code

32803

500003180855-8

-03/22/00-01113-007

******297.50 ****297.50**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **02/08/00**

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	TIMOTHY E. GUNTER	1411 CHAPEL RIDGE DR	OCDEE, FL 34761
T	WAYNE STINSON	803 SPRING CREEK DR.	OCDEE, FL 34761
T	MIKE HESSON	848 HAMMOCKS DRIVE	OCDEE, FL 34761
T	JIM LANE	4921 CENTER LANE	ORLANDO, FL 32808

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: *Timothy E. Gunter* **Timothy E. Gunter, PASTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

407/656-8558

Daytime Phone #