

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # 722704

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REINSTATEMENT 98-95

1. Corporation Name
FIRST BAPTIST CHURCH OF ESTERO, INC.

Principal Place of Business Mailing Address
20300 Trailside Drive Estero, FL 33928

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
2/16/1972

5. FEI Number
59-1418630

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional fee required for a Certificate of Status

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
T	Jacob Conger	18603 Evergreen Rd. SE	Ft. Myers, FL. 33912 (T)
T	Juel Moses	8120 San Carlos Blvd.	Ft. Myers, FL 33912 (T)
T	John Losleben	1478 Cordova	Ft. Myers, FL 33901 (T)

8. Name and Address of Current Registered Agent
Mrs. Lauren Conger
18603 Evergreen Rd. SE
Ft. Myers, FL 33912

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
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: *Lauren Conger* REGISTERED AGENT MUST SIGN Date: **10-11-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Jacob Conger* **JACOB CONGER** Oct. 12, 99 (941) 267-2275
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E08T (12/98)