

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 20 PM 5:19

DOCUMENT # 731548
 1. Corporation Name
FIRST BAPTIST CHURCH OF DUNNELLON, FLORIDA, INC



SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 20831 POWELL RD 20831 POWELL RD
 DUNNELLON FL 34431-6301 DUNNELLON FL 34431-6301



REINSTATEMENT 2000

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 **01/03/1975**

5. FEI Number **59-0979920**
 Applied For
 Not Applicable

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

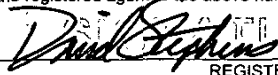
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MONTGOMERY, ROBERT L Stephens, David	21343 S.W. PLANTATION STREET 19325 W Hwy 40	DUNNELLON FL 34431 34431
SD	SIMS, BETTY M	9585 S.W. 190TH AVE ROAD	DUNNELLON FL 34432
DV	FAIRCLOTH, FRANK Batcher, Ray	9140 N CEDAR COVE ROAD 11555 Orlands Street	DUNNELLON FL 34434 34431
D	COX, LILA M Lee, Frances	10095 S.W. 102 COURT 20829 Chestnut Street	DUNNELLON FL 34432 34431
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8. Name and Address of Current Registered Agent
~~COX, LILA M~~
~~10095 S.W. 102 COURT~~
~~DUNNELLON FL 34432~~

9. Name and Address of New Registered Agent
 Name **Stephens, David**
 Street Address (P.O. Box Number is Not Acceptable) **19325 W Hwy 40**
 Suite, Apt. #, Etc. **-**
 City **Dunnellon** State **FL** Zip Code **34431**

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  **SIGNATURE REQUIRED** Date **10-18-00**
 REGISTERED AGENT MUST SIGN

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)(l), 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:  **SIGNATURE REQUIRED** Date **10-18-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)