


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 NOV 19 PM 12:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731634

1. Corporation Name

South Ocala Baptist Church

2907 52nd Street
2907 52nd Street

2. Principal Office Address

2907 52nd Street

3. Mailing Office Address

2907 52nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34480

Country

Marion

Zip

34480

Country

Marion

4. Date Incorporated or Qualified

To Do Business in Florida 1/17/1975

5. FEI Number

591524356

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

Jerry Stanley

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

550 SE 34 CT

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34480

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

Jerry Stanley
REGISTERED AGENT MUST SIGN

Date 11-10-04

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
T	STANLEY, JERRY	550 SE 34 CT	OCALA FL 34480
SD	FAILE, JULIA	1035 N.W. 80TH AVE	OCALA FL 34482
P	Butler, Ashley	10631 SE 131 Labne	OCKLAWAHA FL 32179
D	Hagenoff, Karron	4863 SE 40th Terr	OCALA FL 34480

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:

Ashley Butler ASHLEY BUTLER P

NOV. 10. 2004

352-622-8190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)