

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

①

APPLICATION
FOR
REINSTATEMENT



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

00 NOV 21 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732025

1. Corporation Name

BEREA BAPTIST CHURCH OF PLANT CITY, FLA., INC.

Principal Place of Business

Mailing Address

BEREA BAPTIST CHURCH S.R. 39 SOUTH
4305 SOUTH JIM REDMAN PARKWAY
PLANT CITY FL 33567

BEREA BAPTIST CHURCH S.R. 39 SOUTH
4305 SOUTH JIM REDMAN PARKWAY
PLANT CITY FL 33567

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1975

Suite, Apt. #, etc.

Suite, Apt. #: etc.

5. FEI Number

59-1796279

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
TR	LOCKHART, H L	709 E SPARKMAN ROAD	PLANT CITY FL
T/D	HAWKINS, GENE	1308 W JOHNSON RD	PLANT CITY FL
TR /D	CAMERON, CLAUDE	4402 CAMERON RD	PLANT CITY FL 33567
TR	GREENE, RAY	1706 SPARKMAN RD	PLANT CITY FL
TR /D	DEAN, STEVEN	4718 S DAWNMEADOW	PLANT CITY FL 33567
T/D	LEWIS, HAROLD	704 W STATE RD 60	PLANT CITY FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAWKINS, GENE
1308 W JOHNSON ROAD
PLANT CITY FL 33567

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

X

Gene Hawkins
REGISTERED AGENT MUST SIGN

Date

11-15-00

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:

SIGNATURE REQUIRED
Gene Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-758-1576

CR2040 (800)

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TO WHOM IT MAY CONCERN:

We would like to request a waiver on our reinstatement fee. Last year we had several changes in our secretary position and a new treasurer, things were mixed up in our office. We either overlooked this or it got lost in the mail and we did not receive it. We are very sorry about this and hope you will understand.

Thank you,
Shelbie Hemphill, secretary
Berea Baptist Church