

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 10:37

DOCUMENT # **743970**

1. Corporation Name

MAGNOLIA BIBLE BAPTIST CHURCH, INC.

Principal Place of Business

5713 284TH ST
BRANFORD FL 32008
US

Mailing Address

5713 284TH ST
BRANFORD FL 32008
US

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

08/18/1978

5. FEI Number

59-2495993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

22

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 |
|---------------|---|--|-------------------------|
| TTD | BASS, DEAN | PO BOX 835 | BELL FL 32619 |
| D | SILER, JOE L | 789 SE CR 337 | TRENTON FL 32693 |
| VTRD | SILER, JENNIE | 789 SE CR 337 | TRENTON FL 32693 |
| D | Dino A Hatem sr | 1820 Old Polk City Rd | Lakeland FL 33809 |
| T, D. | Dana M Hatem | 11 | 11 |
| D | Jamjarie Murphy | 3699 NW 102 Pl | Brantford fl 32008 |

8. Name and Address of Current Registered Agent

~~SILER, JOE L~~
~~789 SE COUNTY ROAD, 337~~
~~TRENTON FL 32693~~
Dino A Hatem sr
1820 Old Polk City Rd
Lakeland FL 33809

9. Name and Address of New Registered Agent

Name: Dino A Hatem sr
Street Address (P.O. Box Number is Not Acceptable): 1820 Old Polk City Rd
Suite, Apt. #, Etc.:
City: Lakeland State: FL Zip Code: 33809

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED

Date 10/20/02

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)(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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/02
Date

Daytime Phone #

CR2E040 (802)