

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **748955**

1. Corporation Name
RICHMOND AVENUE BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
304 N. RICHMOND AVE. LEHIGH ACRES FL 33972-5053 US
304 N. RICHMOND AVE. LEHIGH ACRES FL 33936 US

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

FILED
 99 APR 23 PM 2:07
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 98-990 709 2/23/99

4. Date Incorporated or Qualified To Do Business in Florida
09/18/1979

5. FEI Number **59-2801696** 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
TD	MILES, GEORGE	121 ALCALA
PD	HAWKINS, SEL	1218 JACKSON AVE
DS	NEAL, ROGER	111 RICHMOND AVENUE
VPO	BINGHAM, HUGH	10554 QUINCY CT
PD	HODDER, CAROLE	1300 WOODWARD CT #86
DS	WALLACE, CECIL L.	704 ARIANNE CT

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 LEHIGH ACRES, FL 33936

8. Name and Address of Current Registered Agent

~~RAVESE, GARNER, HAVERFIELD ET AL~~
704 ARIANNE COURT
 LEHIGH ACRES FL 33970
 33936

9. Name and Address of New Registered Agent

Name **Cecil Wallace**
 Street Address (P.O. Box Number is Not Acceptable) **704 Arianne Court**
 Suite, Apt. #, Etc.
 City **Lehigh Acres** State **FL** Zip Code **33936**

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 **Cecil L. Wallace** (REGISTERED AGENT MUST SIGN) Date **4-20, 1999**

11. This corporation owes or has paid 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: **Cecil L. Wallace** **CECIL L. WALLACE** 12-28-98 941 369-5602
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)

CR2EAG (9/98)