

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 JAN -8 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CORPORATION  
REINSTATEMENT**

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

DOCUMENT # 754238

1. Corporation Name

*Liberty Church of Gainesville Inc*

2. Principal Office Address

*8700 NW 23rd Ave*

3. Mailing Office Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*GAINESVILLE FL 32606*

City & State

*SAME*

Zip

*32606*

Country

*FLORIDA*

Zip

Country

**REINSTATEMENT 94-01**

4. Date Incorporated or Qualified To Do Business in Florida

*9-9-980*

5. FEI Number

*59-2360729*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

*\$3.75* Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*PASTOR / PRBS Robert L. RENFRO*

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

*714 S.W. 127th St*

Suite, Apt. #, Etc.

City

*Newberry Fla*

State

*FL*

Zip Code

*32669*

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

*Pastor Robert L Renfro*

REGISTERED AGENT MUST SIGN

Date

*Jan 8 - 2001*

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
<i>Pres</i>	<i>Robert L Renfro</i>	<i>714 SW 127th St</i>	<i>Newberry FL 32669</i>
<i>V/P</i>	<i>Murray Brown</i>	<i>211 SW 84th Terr</i>	<i>Gainesville, FL 32606</i>
<i>S</i>	<i>DAVID C. ROYER</i>	<i>5729 NW 27th</i>	<i>GAINESVILLE FL 32606</i>

**KE**

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:

*Robert L Renfro*

*Robert L. Renfro*

Date

*Jan 8-01*

Daytime Phone #

*352-332-9900*

CR2E081 (9/00)