

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

Suite, Apt. #, etc.

City & State

GAINESVILLE FL 32606

Zip

32606

Country

FLORIDA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-9-1980

5. FEI Number

59-2360729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$2.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 94-01

7. Name and Address of Current Registered Agent

Name

PASTOR / PRES Robert L. RENTRO

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

714 SW 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. Rentro

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. Rentro</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, FLA 32606</i>
<i>S</i>	<i>DAVID C. ROYER</i>	<i>5729 NW 27th</i>	<i>GAINESVILLE FLA 32606</i>

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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. Rentro

Robert L. Rentro

Date

Jan 8-01

Daytime Phone #

352-332-9900

CR2E081 (9/00)