

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 755677

1. Corporation Name

Romeo Baptist Church, INC.

2. Principal Office Address - No P.O. Box #

20545 SW 5TH PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

20545 SW 5TH PLACE

Suite, Apt. #, etc.

City & State

Dunnellon FL

City & State

Dunnellon FL

Zip

34431

Country

US

Zip

34431

Country

US

7. Name and Address of Current Registered Agent

Name

Maynard Stratton

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

21864 SW Pine Bluffs Rd.

Suite, Apt. #, Etc.

City

Dunnellon

State

FL

Zip Code

34431

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

*Maynard Stratton*

REGISTERED AGENT MUST SIGN

Date

3-10-10

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
DV	Maynard Stratton	21864 SW Pine Bluffs Rd.	Dunnellon FL 34431
DP	Shawn Cutshall	20545 SW 5th PLACE	Dunnellon FL 34431
S	Diane Robbins	7451 SE 184TH AVE	Morrison FL 32668
T	Tammy Webster	2099 NW 165TH CT Rd	Dunnellon FL 34432

10. E-mail Address: kcutshall@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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:

*Shawn Cutshall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-10

Daytime Phone #

FILED

10 MAR 23 PM 1:12

SECRETARY OF STATE  
TALLahassee, FLORIDA

600172879906

03/23/10--01011--026 \*\*358.75

REINSTATEMENT

08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

12/24/1980

5. FEI Number

59-2926569

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

3/23/10