

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 JUN 21 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758494

1. Corporation Name

FAITH BAPTIST TEMPLE OF ORMOND
BEACH, INC.

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

1626 CORDOVA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1626 CORDOVA AVE

Suite, Apt. #, etc.

City & State

HOLLY HILL, FL

Zip

32117

Country

FLORIDA

City & State

HOLLY HILL, FL

Zip

32117

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

5-22-1981

5. FEI Number

81-2970390

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RONALD CUTLER

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

1162 PELICAN BAY DR.

Suite, Apt. #, etc.

City

DAYTONA BEACH

State

FL

Zip Code

32119

200287146142
06/21/16--01039--012 **2318.75

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

Ronald Cutler

Date 6-7-16

REGISTERED AGENT MUST SIGN

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
PD	JOHNNY PRUITT	1626 CORDOVA AVE	HOLLY HILL, FL 32117
D	ROBIN HANGER	950 RIDGEWOOD AVE	HOLLY HILL, FL 32117
D	STEVEN PRUITT	1626 CORDOVA AVE	HOLLY HILL, FL 32117

REINSTATEMENT

1982-2016

JUN 21 2015

10. E-mail Address: thelawoffice@ronaldcutlerpa.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robin D. Hanger

ROBIN D. HANGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-16

Date

386-788-4480

Daytime Phone #