

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

603.75 - 612.50

FILED

2007 NOV 28 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/28/07--01046--005 \*\*612.50

REINSTATEMENT

01-07

CR2E081 (1/07)

**CORPORATION  
REINSTATEMENT**

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

DOCUMENT # 759073

1. Corporation Name  
TABERNACLE BAPTIST CHURCH OF LIVE OAK,  
FLORIDA, INC.

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

8637 Goldkist BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. DRAWER T

Suite, Apt. #, etc.

City & State

Live Oak, FL

City & State

Live Oak, FL

Zip

32064

Country

USA

Zip

32060

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1981

5. FEI Number

59-2353096

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 Gilbert C. Roser

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

10980 110th Terrace

Suite, Apt. #, Etc.

City

Live Oak

State

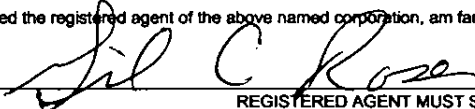
FL

Zip Code

32060

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



REGISTERED AGENT MUST SIGN

Date 11-26-2007

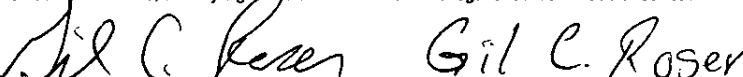
☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| BO     | LAKE BRINKLEY                        | 7192 68th Terrace                                 | Live Oak, FL 32060 |
| D      | Frank Long                           | Rt 1 Box 4643                                     | Live Oak, FL 32060 |
| PO     | Gilbert C. Roser                     | 10980 110th Terrace                               | Live Oak, FL 32060 |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

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 contained in Chapter 119, 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:

 Gil C. Roser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-26-2007

Daytime Phone #

386362-7800

11/30  
ad