

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 29 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759369

1. Corporation Name

1st Baptist Church of Eastpoint, FL

REINSTATEMENT 84-03

2. Principal Office Address

447 Ave A
Eastpoint, FL 32328

Suite, Apt. #, etc.

P.O. Box 611

City & State

Eastpoint, FL

Zip

32328

Country

Franklin

3. Mailing Office Address

P.O. Box 611
Eastpoint FL 32328

Suite, Apt. #, etc.

City & State

Eastpoint, FL

Zip

32328

Country

Franklin

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2900266

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

Evelyn L Carroll

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

447 Ave A

Suite, Apt. #, Etc.

East

City

Eastpoint

State

FL

Zip Code

32328

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

Evelyn L Carroll

REGISTERED AGENT MUST SIGN

Date 4-21-03

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
D	Billy Howard	106 Whispering Pines Dr.	Eastpoint, FL 32328
D	James Miller Jr	P.O. Box 625	Eastpoint, FL 32328
D	Max Brown	218 Bobby Cato St.	Apalachicola, FL 32320
D	Jack Oakes	578 River Rd.	Carrabelle FL 32322
D	Charlie Crosby	102 Whispering Pines Dr.	Eastpoint, FL 32328

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:

Charlie W. Crosby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

(850) 670-1322

Daytime Phone #

CR2E081 (10/02)