

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760672**

1. Corporation Name

GRACE BAPTIST Church of DELTONA FL INC.

Principal Place of Business

Mailing Address

**1322 COURTLAND BUD.
DELTONA, FL.**

**2002 E. PRAIRIE CIR.
DELTONA, FL 32725**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-13-81

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
TRUSTEE	NEAL GEYER	2002 E. PRAIRIE CIR.	DELTONA, FL. 32725
TRUSTEE	VIRGIL DYSART	1000 E. 1st STREET	SANFORD, FL. 32771
TRUSTEE	ROBERT CHARBONNEAU	510 EL CAMINO DR.	DELTONA, FL. 32738

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

NEAL GEYER

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

2002 E. PRAIRIE CIR.

Suite, Apt. #, Etc.

City

DELTONA

State

Zip Code

FL

32725

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Neal Geyer
REGISTERED AGENT MUST SIGN

Date **JAN. 28, 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Neal Geyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL GEYER

1-28-97 (904) 789-4443

Date

Daytime Phone #

CR2E040 (12/96)