

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 25 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N0000000 3878

1. Corporation Name

Heartland Community Church  
of Lake City, Inc.

2. Principal Office Address

898 SW Deputy J. Davis  
Suite, Apt. #, etc. Lane

3. Mailing Office Address

136 SE Saint Johns St.  
Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32024

Country

USA

Zip

32025

Country

USA

**REINSTATEMENT** 02-04

4. Date Incorporated or Qualified  
To Do Business in Florida

6-7-00

5. FEI Number

593657436

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

Timothy P. Cassidy, Sr.

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

Rt. 5 Box 50317

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

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

Timothy P. Cassidy

Date 2-19-04

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     | Timothy P. Cassidy, Sr.           | Rt. 5 Box 50317                                | Lake City, FL 32024 |
| SD     | Sherri W. Cassidy                 | Rt. 5 Box 50317                                | Lake City, FL 32024 |
| TD     | Charles B. Brown, III             | 487 NW Casterline Gl.                          | Lake City, FL 32055 |
|        |                                   |  |                     |
|        |                                   |  |                     |

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:

Timothy P. Cassidy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04

Date

886/752-7951

Daytime Phone #

CR2E061 (07/04)