

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -3 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N000000006243

1. Corporation Name

Chester Grove Missionary Baptist Church Inc

2. Principal Office Address

708 W. Grape Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2

Suite, Apt. #, etc.

City & State

Bowling Green, Fla

Zip

33834

Country

City & State

Bowling Green, Fla

Zip

33834

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1042377

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

Natalie M. Brown

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

603 Palmetto Street

Suite, Apt. #, Etc.

City

Bowling Green

State

FL

Zip Code

33834

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

Natalie M. Brown

Date 2-28-06

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
PC, DM	Timothy L. Lancaster	5021 NW Central Avenue	Bowling Green, FL 33834
D	Newton Hagins	5116 Dixinia Drive	Bowling Green, FL 33834
D	Natalie M. Brown	603 Palmetto Street	Bowling Green, FL 33834
S	Wanise Baker	4822 Sally Blvd	Bowling Green, FL 33834

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:

Timothy L. Lancaster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06

Date

863-375-2335

Daytime Phone #