

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000006588**

1. Corporation Name

BAY STREET CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

**1301 E BAY ST
WINTER GARDEN FL 34787**

**1301 E BAY ST
WINTER GARDEN FL 34787**

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

10/04/2000

5. FEI Number

59-2803220

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 3	City / State / Zip 4
PD	STEVENSON, BYRON D	1301 E BAY ST	WINTER GARDEN FL 34787
D	LUDD, JAMES	164 BAY ST	WINTER GARDEN FL
D	JEFFERSON, ROBERT	1301 E BAY STREET	WINTER GARDEN FL 34787
D	JOHNSON, CARA	2788 CULLENS CT	OC0EE FL
D	JEFFERSON, BEVERLY	1301 E BAY STREET	WINTER GARDEN FL 34787
D	BRINSON, TIMOTHY	6214 DENSON DR	ORLANDO FL 32808

8. Name and Address of Current Registered Agent

**STEVENSON, BYRON
1301 E BAY ST
WINTER GARDEN FL 34787**

9. Name and Address of New Registered Agent

Name

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

100025779131

Suite, Apt. #, Etc.

12/26/03--01086--011 **472.50

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Byron D. Stevenson
REGISTERED AGENT MUST SIGN

Date

10/16/2003

11. 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:

Byron D. Stevenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Byron D. Stevenson

Date

10/16/2003

Daytime Phone #

421-7965

CR2040 (7/03)