

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 19 AM 6:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

700161893527  
10/19/09--01042--020 \*\*236.25  
**RH** CR2E081 (12/08)

DOCUMENT # *N'00331*

1. Corporation Name

*The Seventh-Day Baptist Church of Daytona Beach, Florida*

2. Principal Office Address - No P.O. Box #

*139-145 First Ave*

Suite, Apt. #, etc.

City & State

*Daytona Beach, Florida*

Zip

*32114*

Country

*Valusia*

3. Mailing Office Address

*139-145 First Ave.*

Suite, Apt. #, etc.

City & State

*Daytona Beach, Florida*

Zip

*32114*

Country

*Valusia*

4. Date Incorporated or Qualified To Do Business in Florida

*12-13-1983*

5. FEI Number

*59-1909 993*

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

*CLAYTON E PINDER - TREASURER*

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

*409 KNOT WAY*

Suite, Apt. #, Etc.

City

*DELAND*

State

**FL**

Zip Code

*32724*

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Clayton E Pinder*

REGISTERED AGENT MUST SIGN

Date *10-14-09*

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             |
|--------------------|-----------------------------------|---|--------------------------------|
| <i>Pastor</i>      | <i>W.H. Winbarne</i>              | <i>6230 Yellowstone DR.<br/>Part Orange, FL 32129</i> |                                |
| <i>Treas.</i>      | <i>Clayton E Pinder</i>           | <i>409 Knot Way</i>                                   | <i>DeLand, FL 32724</i>        |
| <i>Pres.</i>       | <i>Al Hill</i>                    | <i>249 Palm Castle Dr</i>                             | <i>Part Orange, FL 32127</i>   |
| <i>V.P</i>         | <i>Murray Snyder</i>              | <i>4901 Jackson St.</i>                               | <i>Part Orange, FL 32127</i>   |
| <i>Clerk</i>       | <i>Trish Boyd</i>                 | <i>401 N. Ridgewood Ave<br/>apt 285</i>               | <i>Daytona Beach, FL 32114</i> |
| <i>Asst. Clerk</i> | <i>Patricia Thompson</i>          | <i>1453 Eden Dr</i>                                   | <i>Deltona, FL 32725</i>       |

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:

*Clayton E Pinder - Treas.* CLAYTON E PINDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

*10-14-09* 386-738-9382 - Treas.  
386-255-4715 - Church

Daytime Phone #

# ATTACHMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <p><b>CORPORATION<br/>REINSTATEMENT</b></p>  |  | <p>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</p>                 |   |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
|--|---|--|---|--------|-----------------------------------|--|--------------------|---------------------|-------------------------|-----------------------------|------------------------------|------------------|-------------------|--------------------------|-------------------------------|------------------------|--------------------|------------------------|------------------------------|--|--|--|--|--|--|--|--|
| <p>DOCUMENT # <i>N00331</i></p> <p>1. Corporation Name<br/><i>The Seventh-Day Baptist Church of Daytona Beach Florida</i></p>  |   |  | <p><i>For additional officers of the Church</i></p>   |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
| <p>2. Principal Office Address - No P.O. Box #</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip Country</p>   |   | <p>3. Mailing Office Address</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip Country</p> |   |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
| <p>CR2E081 (12/08)</p>   |   |  |   |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
| <p>7. Name and Address of Current Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City State Zip Code</p> <p style="text-align: center;">State <b>FL</b></p>  |   |  | <p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>5. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p> <p><input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.</p> |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
| <p>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.</p> <p>Signature of Registered Agent _____ Date _____</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>  |   |  |   |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
| <p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td><i>Asst. Treas.</i></td> <td><i>Reacher Winburne</i></td> <td><i>6230 Yellowstone Dr.</i></td> <td><i>Port Orange, FL 32127</i></td> </tr> <tr> <td><i>Fin. Sec.</i></td> <td><i>Enid Noble</i></td> <td><i>9 Little Pond Tr.</i></td> <td><i>Ormond Beach, FL 32174</i></td> </tr> <tr> <td><i>Asst. Fin. Sec.</i></td> <td><i>Marian Fick</i></td> <td><i>5637 Orange Ave</i></td> <td><i>Port Orange, FL 32127</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> |   |  |   | Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | <i>Asst. Treas.</i> | <i>Reacher Winburne</i> | <i>6230 Yellowstone Dr.</i> | <i>Port Orange, FL 32127</i> | <i>Fin. Sec.</i> | <i>Enid Noble</i> | <i>9 Little Pond Tr.</i> | <i>Ormond Beach, FL 32174</i> | <i>Asst. Fin. Sec.</i> | <i>Marian Fick</i> | <i>5637 Orange Ave</i> | <i>Port Orange, FL 32127</i> |  |  |  |  |  |  |  |  |
| Titles   | Name of Officers and/or Directors   | Street Address of Each Officer and/or Director   | City / State / Zip  |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
| <i>Asst. Treas.</i>  | <i>Reacher Winburne</i>   | <i>6230 Yellowstone Dr.</i>  | <i>Port Orange, FL 32127</i>  |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
| <i>Fin. Sec.</i>   | <i>Enid Noble</i>   | <i>9 Little Pond Tr.</i>   | <i>Ormond Beach, FL 32174</i>   |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
| <i>Asst. Fin. Sec.</i>   | <i>Marian Fick</i>  | <i>5637 Orange Ave</i>   | <i>Port Orange, FL 32127</i>  |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
|  |   |  |   |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
|  |   |  |   |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
| <p>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.</p>   |   |  |   |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |
| <p>SIGNATURE: _____</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>  |   |  | <p>Date _____ Daytime Phone # _____</p> <p style="font-size: 2em; font-weight: bold;">RH</p>  |        |                                   |  |                    |                     |                         |                             |                              |                  |                   |                          |                               |                        |                    |                        |                              |  |  |  |  |  |  |  |  |