

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 24 PM 12:09

DOCUMENT #

101000007213

1. Corporation Name

Adventure Baptist Church, Inc.

2. Principal Office Address

1915 Dale St.

3. Mailing Office Address

1915 Dale St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32310

Country

USA

Zip

32310

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/01

5. FEI Number

59-3760264

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

Christian D. Vowell

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

8522 Twin Lakes Ln

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32311

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/23/02

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| T      | Dennis L. Coxwell                    | 1203 Richview Rd                                  | Tallahassee, FL 32301 |
| T      | Larry Darnell                        | 1924 Longview Dr                                  | Tallahassee, FL 32303 |
| T      | Carl Bennett                         | 6034 Redfield Dr                                  | Tallahassee, FL 32311 |
| T      | Christian D. Vowell                  | 8522 Twin Lakes Ln                                | Tallahassee, FL 32311 |
| T      | Scott Rains                          | 1433 Cane Rd                                      | Tallahassee, FL 32310 |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* - Trustee

Date

10-23-02

Daytime Phone #

216-1408

October 23, 2002

Adventure Baptist Church  
1915 Dale Street  
Tallahassee, Florida 32310

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

Adventure Baptist Church would like to be reinstated as a Florida Non-Profit Corporation. We would also like to ask for the Reinstatement Fee of \$175.00 be waived. We did not receive the prior Uniform Business Report mailings. We respectfully request that the fee be waived.

Sincerely,



Dennis L. Coxwell  
Trustee