

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 DEC 14 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/24/07--01039--012 **306.25
CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000008833

1. Corporation Name

THE AMBASSADOR FOR CHRIST BAPTIST CHURCHES, INC.

2. Principal Office Address - No P.O. Box #
1201 Lakeshore Drive

3. Mailing Office Address
992 Galion Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
c/o Katie Crutchfield

City & State
Clermont, Florida

City & State
Harrisburg, Pennsylvania

Zip
34711

Country

Zip
17111-3632

Country

4. Date Incorporated or Qualified
To Do Business in Florida 12/19/2001

5. FEI Number 59-3761143

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
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22nd Street

Suite, Apt. #, Etc.
4th Floor

City
Miami

State
FL

Zip Code
33145

☒ 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 By:

Date

Natalia Utrera, Vice President

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	Frisby, Franklin Do	P.O. Box 682257	Orlando, Florida 32867
VD	Crutchfield, Ronald F.	992 Galion Street	Harrisburg, Pennsylvania 17111
SD	Crutchfield, Katie J.	992 Galion Street	Harrisburg, Pennsylvania 17111
TD	Crutchfield, Clarence	14632 Chesterfield Road	Rockville, Maryland 10853
D	Crutchfield, Mary E. RH	14632 Chesterfield Road	Rockville, Maryland 10853

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #