

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02093

1. Corporation Name
LITTLE BETHEL MISSIONARY BAPTIST CHURCH NR.2, I
NC.

Principal Place of Business
C/O JOHN H. PERDUE
916 BOOKER STREET
CANTONMENT FL 32533

Mailing Address
210 ELLINGTON ST.
CANTONMENT FL 32533

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Warren L. Taylor
Suite, Apt. #, etc.
1904 Winner Circle
City & State
Cantonment, FL 32533
Zip
32533-0973 Country
Escambia

3. New Mailing Office Address, If Applicable
Post Office Box 973
Suite, Apt. #, etc.
City & State
Cantonment, FL 32533
Zip
32533-0973 Country
Escambia

4. Date Incorporated or Qualified
To Do Business in Florida
04/01/1984

5. FEI Number
59-2410043

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
DT	BELTON, BENNIE N.	303 HICKS STREET	CANTONMENT FL 32533
T	FLOYD, JAMES E	3 QUARTERS RD	CANTONMENT FL 32533
T	PERDUE, JOHN H.	210 ELLINGTON STREET	CANTONMENT FL 32533
			300003433763-1 -10/20/00--01067--003 ****236.25 ****236.25
			REINSTATEMENT 99-00
			SP

8. Name and Address of Current Registered Agent

PERDUE, JOHN H.
916 BOOKER STREET
CANTONMENT FL 32533

9. Name and Address of New Registered Agent

Name
Warren L. Taylor
Street Address (P.O. Box Number is Not Acceptable)
1904 Winners Circle
Suite, Apt. #, Etc.
City
Cantonment,
State
FL Zip Code
32533

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.

Signature of
Registered Agent
REGISTERED AGENT MUST SIGN

Date 09/30/2000

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Henry L. Arnold

09/30/2000 850-484-7489
Date Daytime Phone #