

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 18 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002053

1. Corporation Name

Redeemer Presbyterian Church of Lakeland, Inc

2. Principal Office Address - No P.O. Box #
1820 E 540-A

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland

City & State

Zip Country
FL 33813

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 2-20-2004

5. FEI Number
20-0895191

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
Daniel Medina, PA

Street Address (P.O. Box Number is Not Acceptable)
902 South Florida Avenue, Suite 101

Suite, Apt. #, Etc.

City State Zip Code
Lakeland FL 33803

☐ 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 *[Signature]* President
REGISTERED AGENT MUST SIGN

Date 6/12/2007

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
D	Barger, Lewis JR	5743 Deer Flag Drive	Lakeland, FL 33811
D	Young, William R	726 W. Pipkin Road	Lakeland, FL 33813
D	Medina, Daniel	902 South Florida Avenue, Suite 101	Lakeland, FL 33803

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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]* LEWIS L. BARGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/07 363 834-6835
Date Daytime Phone #

@ Mitchel JUN 18 2007