

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000009621

1. Corporation Name

Gordonville Community Church, Inc.

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

4101 Radford Rd

Suite, Apt. #, etc.

3. Mailing Office Address

4101 Radford Rd

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Bartow, FL

Zip

33830

Country

USA

Zip

33830

Country

USA

7. Name and Address of Current Registered Agent

Name

John Nance

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

4101 Radford Rd

Suite, Apt. #, Etc.

City

Bartow

State

FL

Zip Code

33830

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

John E. Nance
REGISTERED AGENT MUST SIGN

Date **11/21/07**

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
President	Embrige Bembry, Jr.	3299 North Ave.	Bartow, FL 33830
Vice President	Elizabeth Bembry	3299 North Ave.	Bartow, FL 33830
Treasure	John Nance	4101 Radford Rd	Bartow, FL 33830
Secretary	Coretta Hopkins	4098 Vista Del Lago Dr.	Winter Haven, FL 33881

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:

Embrige Bembry Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/07

Date

863-533-0979

Daytime Phone #

FILED

07 NOV 29 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600112576356
11/26/07--01047--007 **428.75

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/04

5. FEI Number

20-1628701

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

REINSTATEMENT 11-07