

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 3:31

DOCUMENT # - N04000011898

1. Corporation Name

The DaySpring MISSIONARY BAPTIST
Church of GAINESVILLE, FL, Inc.

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

1945 NE 8th Ave

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32641

Country

USA

3. Mailing Office Address

1945 NE 8th Ave

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32641

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/2004

5. FEI Number

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

MCKENZIE, JOHN W

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

6706 NW 29th ST

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32653

☒ 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

John W. McKenzie

REGISTERED AGENT MUST SIGN

Date 04/21/2008

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 |
|--------|--------------------------------------|---|-----------------------|
| P | W. Marie Herring | 6408 S.E. 216 th Terr. | Hawthorne, FL 32640 |
| D | Joseph Reaves | 4312 SE 4 th Ave | GAINESVILLE, FL 32641 |
| D | WILLIE WILLIAMS | 1621 SE 15 th Ave | GAINESVILLE, FL 32641 |
| D | MARK LEE | 1934 NE 3 rd Ave | GAINESVILLE, FL 32641 |
| D | GILBERT MEANS | 921 N.E. 25 th Terr | GAINESVILLE, FL 32641 |

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:

Marie Herring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/2008 (352) 380-0075

Date Daytime Phone #