

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000009954

1. Corporation Name

POPLAR DELL BAPTIST CHURCH, INC.

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

2631 Highway 4A

Suite, Apt. #, etc.

City & State

Century, FL

Zip

32535

Country

Escambia

3. Mailing Office Address

2631 Highway 4A

Suite, Apt. #, etc.

City & State

Century, FL

Zip

32535

Country

Escambia

**4. Date Incorporated or Qualified
To Do Business in Florida**

09262005

5. FEI Number

59-2370376

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

Chavers, George

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

3651 Highway 4A

Suite, Apt. #, Etc.

City

Century

State

FL

Zip Code

32535

☐ 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

Date

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
Dir	Chavers, George	3651 Highway 4A	Century, FL 32535
Dir	Langford, George T.	2181 West Stateline Road	Century, FL 32535
Dir	Findley, Lee Roy	3765 Highway 4A	Century, FL 32535
Dir	Johnson, Evon	675 Bridle Path Lane	Flomaton, AL 36441
Dir	McCall, Willard	251 Powell Circle	Flomaton, AL 36441

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:

George Chavers George Chavers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-09 850-282-3358

FILED

09 OCT 28 AM 9:16

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

400162255974
10/28/09--01023--004 **236.25

REINSTATEMENT

CR2E081 (12/08)

2009

10/30