

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 20 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000001801

1. Corporation Name

**CALVARY MISSIONARY BAPTIST CHURCH
OF SANTOS, FLORIDA, INC.**

500159783105
08/20/09--01052--003 **192.50

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

2701 S.E. 73RD STREET

3. Mailing Office Address

2701 S.E. 73RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

Zip

34480

Country

US

Zip

34480

Country

US

REINSTATEMENT

CR2E081 (12/08)

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/2006

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

ROBERT JOHNSON

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

1330 S.W. 3RD STREET

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34474

☒ 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

Robert C. Johnson

REGISTERED AGENT MUST SIGN

Date 8/18/2009

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
DP	ROBERT JOHNSON	1330 S.W. 3RD STREET	OCALA, FLORIDA 34474
DVP	LEROY CUNNINGHAM	8160 S.W. 53RD COURT	OCALA, FLORIDA 34476
DS	JACK KINER, JR.	17050 S. U.S. HWY 301	SUMMERFIELD, FLORIDA 34491
DT	WILBERT CUNNINGHAM	2277 S.E. 66TH STREET	OCALA, FLORIDA 34480

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:

Robert C. Johnson

ROBERT JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/2009

Date

352-622-1416

Daytime Phone #