

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAY -6 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N06000004149**

1. Corporation Name

Bailey Memorial Church of God In Christ, Inc.

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

654 NE 2nd Street

Suite, Apt. #, etc.

City & State

Crystal River, FL

Zip

34429

Country

USA

3. Mailing Office Address

750 NE 3rd Street

Suite, Apt. #, etc.

City & State

Crystal River, FL

Zip

34429

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/2006

5. FEI Number  
86-1162359

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  
Arthur Hayes

Street Address (P.O. Box Number is Not Acceptable)  
750 NE 3rd Street

Suite, Apt. #, Etc.

City  
Crystal River

State  
FL

Zip Code  
34429

☒ 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

REGISTERED AGENT MUST SIGN

Date 05/05/2009

**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
P	Arthur Hayes	750 NE 3rd Street	Crystal River, FL 34429
VP	Howard Buckingham	5075 N Perry Street	Beverly Hills, FL 34465
S	Osie Mizell	1234 NE 2nd Street	Crystal River, FL 34429

**REINSTATEMENT RH**

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

Arthur Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/2009

Date

352-634-3987

Daytime Phone #