	PLEASE READ	ALL INS	TRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION FLORIDA DEPARTM Sandra B. M Secretary of				rtham	APPROVEU AND FILED			
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS					98 NOV 30 AM 10: 57			
DOCUMENT # N06248 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
FIRST BAPTIST CHURCH OF STUART, FLORIDA, INC.						'ALLAHASSEE,'	FLORIDA	
,) }			
Principal Place of Business Mailing Address 201 W. OCEAN BLVD. 201 W. OCEAN BLVD.] 	IJ WOTEN OTTEN AFDET BEDOK FREI BEDOTE NIDTE DE	PRIT BORD BORD BORD CREE	
			EAN BLVD. . 34994-2945					
-					REINSTATEMENT OF			
If above addresses are incorrect in any way, line through incorrect. New Principal Office Address, If Applicable 3. New M			iling Office Address, If Applicable 4. Date Inc			orated or Qualified ness in Florida		
Suite, Apt. #, etc. Suite,			ite, Apt. #, etc.			11/2	0/1984 Applied For	
City & State City &			State			59-0816435 Not Applicable		
Zip Country Zip			Country 6.			S8.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Addresses of Each Officer and/o	r Director (Flo		itions must list at lea		,		
Title(s)	Name of Officers and/or Directors 2) Of	Officer and/or Director		City / State / Zip		
D	BOISSY GILBERT		5689 S.W. LAMAY DRIVE			STUART FL		
D	NEWNAM, F		3104 WIMBLETON TERRACE			PALM CITY FL		
D	YOUNG, JEFF		1620 S.W. BELGRAVE TERRACE			STUART FL 34997		
				41	000027025 -12/03/9801			
i				İ	****238.25	****236.25		
					15/12/3			
8. Name and Address of Current Registered Agent Name					9. Name and A	ddress of New Registered Age	ent (8g	
TAYLOR, LARRY Str.					Street Address (P.O. Box Number is Not Acceptable)			
201 W. OCEAN BLVD. STUART FL 34994				Street Address (P.O. Box Number is Not Acceptable)				
1				City State Zip Code				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered A	Agent	SISTERED AG	ENT MUST SIGN	الرابران		Date 11-23	58	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)								
12. 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 under section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								
