

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

JAN -7 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07564

1. Corporation Name

BRADFORDVILLE FIRST BAPTIST CHURCH, INC.

2. Principal Office Address

6494 Thomasville Road

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

USA

3. Mailing Office Address

6494 Thomasville Road

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

USA

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

02/08/1985

5. FEI Number

59-2484989

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 **Green, William H.**

Street Address (P.O. Box Number is Not Acceptable) **123 South Calhoun Street**

Suite, Apt. #, Etc.

City **Tallahassee**

REINSTATEMENT

200028230502

02/05/04 - 01/01/05 - 02/ **300.00
FL 32301

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 **01/07/04**

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
CD	Dirks, Paul	3974 McWest Court	Tallahassee, FL 32303
TD	Doster, Ernest	2352 Carefree Cove	Tallahassee, FL 32308
T	Green, William	4400 Bradfordville Road	Tallahassee, FL 32308
D	Camp, Robert (Bob) C	1744 Tarpon Drive	Tallahassee, FL 32308
T	Thompson, Susan	8515 Congressional Drive	Tallahassee, FL 32312
T	Lamb III, Marion	8400 Centerville Road	Tallahassee, FL 32308

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 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:

William H. Green

1/7/04

(850) 425-2261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)