## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			itate		FILED  10 MAR - 4 PM 12: 47		
DOCUMENT # N12019  1. Corporation Name								SECRITARY FRATATE TALLAMASSET FLORIDA		
The First Baptist Church of New Smyrna Beach, Incorporated										
					Office Address ms Avenue			REIN	STATEMENT 09-10 CR2E081 (11/09)	
								4. Date Incom To Do Busi	porated or Qualified ness in Florida 11/12/1985	
					ty & State ew Smyrna Beach, FL			5. FEI Numbe 59-600103	r ✓ Applied For	
Zip 32168		Country	ted States 32168			Coun	ed States	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required 1 for a Certificate of Status		
7. Name and Address of Current Registered Agent								·	•	
Name Dave Severance Street Address (P.O. Box Number is Not Acceptable) 2624 Turnbull Estates Drive Suite, Apt. #, Etc.									☐ 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	
city New Smyrna Beach						State   Zip Code   Selection   State   Zip Code   Selection   Se			ed and requesting the reinstatement waived. 00171278969 /1001044019 **297.50	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obl  Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 2/16/2010		
9. Names	and Street Ad	dresses	of Each Officer and	/or Director (Flo	rida nonpro	fit corpo	orations must list at lea	ast 3 directors)		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Directo					City / State / Zip	
President	Dave Severance				2624 Turnbull Estates Drive			es Drive	New Smyrna Beach, FL 32168	
Vice President	John Delavan Senior				129 Sand Pine Place			lace	New Smyrna Beach, FL 32168	
Secretary	Margie Matusick				711 Phyllis Avenue			ıe	New Smyrna Beach, FL 32168	
Treasurer	Roger Inskip				251 Golf Club Drive			rive	New Smyrna Beach, FL 32168	
Asst. Secretary	Mary Wolfer					2266 Candlewood Lane			New Smyrna Beach, FL 32168	
10 F U Add wed-@fab										
10. E-mail Address: wade@fbcnsb.org  (To be used for future annual report potification)										
11. I certify that I am an officer or director or the receiver or furstee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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. I further certify 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 &										

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