


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

17 JUN -6 AM 9:24

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**CORPORATION REINSTATEMENT**  
 2014-2017



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 13000005201

1. Corporation Name  
Ole Country Church, Inc.

2. Principal Office Address - No P.O. Box # <u>10728 W. CR18</u> <small>State, Apt. #, etc.</small>	3. Mailing Office Address <u>10728 W. CR18</u> <small>State, Apt. #, etc.</small>
City & State <u>Lake Butler Florida</u> <small>City</small> <small>State</small>	City & State <u>Lake Butler Florida</u> <small>City</small> <small>State</small>
Zip <u>32054</u>	Country <u>USA</u>
Zip <u>32054</u>	Country <u>USA</u>

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
06-04-13

5. FEI Number  
81-5295312

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Wayne S. Roberts

Street Address (P.O. Box Number is Not Acceptable)  
10728 W. CR18  
State, Apt. #, Etc.

City  
Lake Butler

State <u>FL</u>	Zip Code <u>32054</u>
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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 Wayne S. Roberts Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
Dir	Wayne S. Roberts	10728 W. CR18	Lake Butler, FL 32054
Dir	Martha R. Roberts	10728 W. CR18	Lake Butler, FL 32054
Dir	Tony C. Roberts	10748 W. CR18	Lake Butler, FL 32054

10. E-mail Address: Wayne.roberts205@yahoo.com  
(To be used for future annual report notification)

11. 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE: Wayne S. Roberts Date 5-20-17 386-496-3669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

K. ASHTON