

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAR 23 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14623

1. Corporation Name

St. Lewis Baptist Church, Inc.

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

3931 S W Broadway

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

32675

Country

Marion

3. Mailing Office Address

9741 SE HWY 464C

Suite, Apt. #, etc.

City & State

Ocklawaha, FL

Zip

32179

Country

Marion

REINSTATEMENT 88-11

400199045784

03/23/11-01004-011 **1583.75

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 04/28/1986

FEI Number

51-6330052

Applied For

Not Applicable

8

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

L. C. Stevenson

Street Address (P.O. Box Number is Not Acceptable)

9741 Se Hwy 464C

Suite, Apt. #, Etc.

City

Ocklawaha

State

FL

Zip Code

32179

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

L.C. Stevenson

REGISTERED AGENT MUST SIGN

Date

3-17-11

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
D	James Stevens	2349 SW 5th St	Ocala, FL 34474
CD	L.C. Stevenson	9741 Se Hwy 464C	Ocklawaha, FL 32179
D	Wilbert Cole	165 NE 43 Ave	Ocala, FL 34470

10. E-mail Address:

(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.817.155, F.S.

SIGNATURE

L.C. Stevenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-11 352-288-3152