

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 22 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N16234*

1. Corporation Name

Elizabeth Baptist Church, Inc.

2. Principal Office Address

100 South Orange Av.

Suite, Apt. #, etc.

City & State

Arcadia, Fl.

Zip

34266

Country

De Soto

3. Mailing Office Address

P.O. Box 2219

Suite, Apt. #, etc.

City & State

Arcadia, Fl.

Zip

34265

Country

De Soto

REINSTATEMENT *96-01*

4. Date Incorporated or Qualified
To Do Business in Florida

8-6-86

5. FEI Number

650130060

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

Darryl B. Jackson

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

108 S. Orange Ave

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34266

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

Darryl B. Jackson

REGISTERED AGENT MUST SIGN

Date *01-17-01*

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
C/D	<i>DANIEL G. SAVAGE, III</i>	<i>407 N. Hillsboro Ave.</i>	<i>Arcadia, Fl. 34266</i>
D	<i>COLLIER OWENS</i>	<i>6175 Gillet Blvd.</i>	<i>Port Charlotte, Fl.</i>
S/D	<i>RICHARD BOWERS JR.</i>	<i>1937 S.W. Hendry St.</i>	<i>Arcadia, Fl. 34266</i>
D	<i>RAYMOND WOODS SR.</i>	<i>9 Alabama Av.</i>	<i>Arcadia, Fl. 34266</i>
T/D	<i>DARRYL B. JACKSON</i>	<i>1216 Rainbow Dr.</i>	<i>Arcadia, Fl. 34266</i>
D	<i>ERNEST JOHNSON</i>	<i>704 Harris Rd.</i>	<i>Arcadia, Fl. 34266</i>

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

Daniel G. Savage III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-01

Date

(863) 993-4212

Daytime Phone #

CR2E081 (9/00)