

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 25 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16332

1. Corporation Name

BAY VIEW BAPTIST CHURCH, INC.

Principal Place of Business

3911 BAY AVE.
TAMPA FL 33616

Mailing Address

3911 BAY AVE.
TAMPA FL 33616

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1986

5. FEI Number

59-2226590

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BURDON, STEPHEN G MERVE E. UHL	6713 DAUPHIN AVE 7718 W. Powhatan Ave.	TAMPA FL 33611 TAMPA FL 33615
VD	PADGETT, NEIL	3819 BAY AVE.	TAMPA FL 33616
TD	DAVIS, BOB	2911 ELLIS	TAMPA FL 33611
SD	CHRISTIANSON, KEN	5505 S. LOIS	TAMPA FL 33611
			900002701059-5 -12/03/98-01005-010 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

~~ELLINGTON, BARBARA R.~~
~~6713 DAUPHIN AVENUE~~
~~TAMPA FL 33611~~

9. Name and Address of New Registered Agent

Name: MERVE E. UHL
Street Address (P.O. Box Number is Not Acceptable): 7718 W. Powhatan Ave
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33615

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Merve E. Uhl
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11-16-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Merve E. Uhl
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-98

Daytime Phone #

813-888-8609

813-839-0836

CR2E040 (9/98)