

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -4 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22749

1. Corporation Name The Gilgal Baptist Church of
Christmas, Florida, Inc.

REINSTATEMENT 08-10

400167986434
02/04/10--01005--026 **192.50
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
1350 BONNEAU Blvd.
CHRISTMAS, FL 32709

3. Mailing Office Address
1350 BONNEAU Blvd.
CHRISTMAS, FL 32709

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHRISTMAS FLORIDA

City & State

CHRISTMAS FLORIDA

Zip

32709

Country

USA

Zip

32709

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-29-87

5. FEI Number

59-3456640

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

THOMAS D. BAIRD

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

1350 BONNEAU Blvd

Suite, Apt. #, Etc.

City

CHRISTMAS, FL

State

FL

Zip Code

32709

☒ 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
received and requesting the reinstatement
fee be waived.

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

Thomas D. Baird

REGISTERED AGENT MUST SIGN

Date 2/01/10

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
P	THOMAS D. BAIRD	1350 BONNEAU Blvd CHRISTMAS, FL 32709	CHRISTMAS FL 32709
VP	MARGARET BAIRD	1350 BONNEAU Blvd	CHRISTMAS FL 32709
ED	JERRY COCHRAN	8636 VILLANOVA ST	ORLANDO, FL 32817
D	PATSY COCHRAN	8636 VILLANOVA ST.	ORLANDO, FL 32817

10. E-mail Address: trexbaird@hotmail.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., 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: THOMAS D. BAIRD Thomas D. Baird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/01/10

Daytime Phone #

386-209-1180