

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 25 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 32296**

1. Corporation Name

**Atlantic Highland (Inland) Baptist
Church Inc.**

2. Principal Office Address

13750 Betty Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

13178 Mt. Pleasant Rd.

Suite, Apt. #, etc.

City & State

Jacksonville Fla.

Zip

32224

Country

Duval

City & State

Jacksonville Fla.

Zip

32225

Country

Duval

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/15/89

5. FEI Number

592952440

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

Mitchell Woodlief

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

225 East Church St

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

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

M. E. Woodlief

Date

4-20-05

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
Pastor	Ralph Dean	11514 Pelham Court	Jax. Fla. 32223
T	Katherine Baker	13178 Mt Pleasant Rd.	Jax. Fla. 32225
Secy	Debra Snyder	12469 Shadow Bluff Ct.	Jax. Fla. 32224

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:

Katherine S. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/05

Daytime Phone #

9042215845

CR2E081 (01/05)