

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 11 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 37716

1. Corporation Name

First Baptist Church of
E L Jobean

2. Principal Office Address

4282 Commercial St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. 27037

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33953

Country

USA

City & State

E L Jobean, FL

Zip

33927

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-17-1990

5. FEI Number

59-2328-006

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-05

7. Name and Address of Current Registered Agent

Name

Rev. Robert H. McDuffie, Jr.

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

14394 Armada Rd.

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33953

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

Rev. Robert H. McDuffie, Jr.
REGISTERED AGENT MUST SIGN

Date 1-5-2009

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	Leslie H. Thompson	40 Bay St.	Englewood, FL 34224

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:

Leslie H. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/05

Daytime Phone #

941-475-8484

CR2ED81 (01/04)