

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 MAY -4 AM 10:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N39046**
 1. Corporation Name
FIRST BAPTIST CHURCH OF WINTER BEACH, INC.

Principal Place of Business % NADINE COUNCIL 6845 51ST AVENUE VERO BEACH FL 32967-5322	Mailing Address % NADINE COUNCIL 6845 51ST AVENUE VERO BEACH FL 32967-5322
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	07/09/1990
5. FEI Number	59-1971712
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	HAMILTON, ALFRED J.	5900 28TH ST	VERO BEACH FL
TD	ANDERSON, JANET	6020 65TH STREET	VERO BEACH FL
VD	SHUMAN, GREGORY	130 22ND AVENUE	VERO BEACH FL
<p>REINSTATEMENT 97-98</p> <p>BS 5/7</p>			<p>500002516595--7</p> <p>-05/08/98--01013--004</p> <p>****297.50 ****297.50</p>

8. Name and Address of Current Registered Agent

**COUNCIL, NADINE C.
 6845 51ST AVENUE
 VERO BEACH FL 32967**

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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 *Nadine Council* Date **4/30/98**

REGISTERED AGENT MUST SIGN

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: *Janet Anderson* *Janet Anderson* **4/30/98** **5231-4343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *ext.*

CR25040 (8/97)