PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT **DOCUMENT** # 1. Corporation Name Principal Place of Business % NADINE COUNCIL

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N39046

FIRST BAPTIST CHURCH OF WINTER BEACH, INC.

Mailing Address

% NADINE COUNCIL

FILED

98 MAY -4 AM 10: N4

SECRETARY OF STATE TALLAHASSEE, FLORIDA



6845 51ST VERO BEA	AVENUE CH FL \$2967-5	322	6845 51ST AVENUE VERO BEACH FL 32967-5322			:			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
27 New Principal Office Address, If Applicable			3. New Mail	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business In Florida 07/09/1990		
Sulte, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			C CONTRACT		
City & State			City & State			59-1971712 Applied For Not Applicable			
Zip Country			Zip		Country	6. CERTIFICATI	CERTIFICATE OF STATUS DESIRED S8.75 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)									
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number		r	City / State / Zip		
PD	HAMILTON, ALFRED J.			5900 26TH ST		VERO BEACH FL			
TD	ANDERSON, JANET			6020 65TH STREET		VERO BEACH FL			
VD	SHUMAN, GREGORY			130 22ND AVENUE		VERO BEACH FL			
		INSTATES	5/1		Name		-05/08/98 +***297.50	****297.50	
COUNCIL, NADINE C.									
6845 51ST AVENUE					Street Address (P.O. Box Number is Not Acceptable)				
VERO BEACH FL 32987					Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
./					City	FL			
10. I, being appointed the registered agent of the above named compretion, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date FIE GISTERED AGENT MUST SIGN									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for Information on Intangible tex.)									
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 filling 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: SIGNATURE AND THE OFFICIAL OFFICER OF DIRECTOR Date Destino Phone # Cut									