PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1797 NOV 24 // 10: 10 DOCUMENT # N40026 SECRETARY OF STATE 1. Corporation Name TALLAHASSEF, FLORIDA NORTHSIDE BAPTIST CHURCH OF DELAND, INCORPORATE Principal Place of Business Malfing Address 1010 N ALABAMA AVE 1010 N. ALABAMA AVE 1005 SHAYLER ROAD 1005 SHAYLER ROAD **DELAND FL 32724** DELAND FL 32724 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, IJ Applicable 2. New Principal Office Address, if Applicable Date Incorporated or Qualified To Do Business In Florida N. ALABAMA AVE 1010 N. ALABAMA 09/17/1990 ųlte, Apt. #, etc. 5. FEI Number Applied For 59-1956172 Not Applicable \$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) Street Address of Each Name of Officers Title(s) and/or Directors City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) MULLINS, RICHARD 100 WILD ELM COURT SANFORD FL PD OTTIZ, JOSUE 429 EAST PLYMOUTH AVENUE **DELAND FL Бециру 2**6/97 01084 010 D TOWNSEND, RUTH 330 OAK DRIVE D FOSTER, SHELLEY 5805 WEST STREET **DELEON SPRINGS FL 32130** TD WLASEINSKI, CYNTHIA **2515 E LAKE DR** DELAND FL B. Name and Address of Current Registered Agent ORTIZ, JOSUE Street Address (P.O. Box Number Is Not Acceptable) **429 EAST PLYMOUTH AVENUE DELAND FL 32724** Suite, Apt. #, Etc. City State 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 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year

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:

ATURE AND THE DOT PAINTED NAME OF SIGNING OFFICER OR DIRECTOR FOSTEY 1/20/97

Intangible Personal Property tax due June 30.

1/20/97 734-4848 Daylime Prone #

(See other side for information on Intangible tax.)