

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 10 AM 10:15

DOCUMENT # 0041171

1. Corporation Name

First Baptist Church of Lawtey

600180661386
05/10/10--01066--026 **481.25

2. Principal Office Address - No P.O. Box #

1798 Adams St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 256

Suite, Apt. #, etc.

City & State

Lawtey FL

Zip Country

32058

City & State

Lawtey FL

Zip Country

32058

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11-14-90

5. FEI Number

593108241

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

Jody Hodnett

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

1798 Adams St.

Suite, Apt. #, Etc.

City

Lawtey

State

FL

Zip Code

32058

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Jody Hodnett

REGISTERED AGENT MUST SIGN

Date 5-5-10

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
C	Ralph Wise	PO BOX 134/1283 NW 23rd St.	Lawtey FL 32058
ST	Steven Hardee	4216 NE 264th St	Lawtey FL 32058
D	Bonnie Sellers	PO BOX 1345	Starke FL 32091

REINSTATEMENT

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5/13/10

10. E-mail Address: Jody.Hodnett@2@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Steven Hardee

5-5-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Reinstatement Charge \$