

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -8 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41921

1. Corporation Name

SUNRISE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

~~RT-2 BOX 242~~
JASPER FL 32052
US

~~RT-2 BOX 242~~
JASPER FL 32052
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. Box 851

Suite, Apt. #, etc.

JASPER, FL.

City & State

Zip
32052

Country

HAMILTON

3. New Mailing Office Address, If Applicable

P.O. Box 851

Suite, Apt. #, etc.

JASPER, FL. 32052

City & State

Zip
32052

Country

HAMILTON

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1991

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WETHERINGTON, O W	RT-2, BOX 242 2725 NW 25 Hwy 129	JASPER FL 32052
D	SMITH, W	RT-2, BOX 46 11610 CR 6 East	JASPER FL 32052
D	WETHERINGTON, O W	ROUTE 2 BOX 242	JASPER FL 32052
D	HUGHES, K	RT-2, BOX 65 1650 Canal St NW	JASPER FL 32052
			800003481238--0 -11/30/00 \$1049--003 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

WETHERINGTON, O W
RT-2, BOX 242 2725 NW 25 Hwy 129
JASPER FL 32052

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-6-00

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-00 904-792-4053
Date Daytime Phone #

2062

SUNRISE BAPTIST CHURCH

P.O. Box 851
Jasper, FL 32052

November 3, 2000

State of Florida
Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

Due to an incorrect mailing address, I failed to receive the first notification concerning the renewal of our corporation documents. This notice has just been received.

Thank you for your consideration.

Sincerely,



O. W. Wetherington
Registered Agent