

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **N42418**

1. Corporation Name
North Gainesville Baptist Church, Inc

Principal Place of Business
**3401 NW 34th St.
 Suite 4
 Gainesville, FL 32605**

Mailing Address
Same

2. New Principal Office Address - If Applicable

Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address - If Applicable

Suite, Apt. #, etc.
 City & State
 Zip Country

59 APR - 9 AM 10:41

FLORIDA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS, FLORIDA

REINSTATEMENT *18/99*

4. Date Reciprocal or Qualified To Do Business in Florida
3-8-91

5. F.I.T. Number
59-3061553

6. CERTIFICATE OF STATUS DESIRED []

Applied For
 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use P.O. Box Numbers)	4. City / State / Zip
P	Richard A. Chandler, Jr.	6801 NW 93rd Ave.	Gainesville, FL 32653
D	Tom Leak	7524 NW 37th Place	Gainesville, FL 32605
D	Blake Young	5100 NW 24th Street	Gainesville, FL 32605
D	Jim Rep, Sr.	Rt. 1 Box 88	Earleton, FL 32631

800002810558-91
 -04/15/99-01035A-001
 ***297.50 ***297.50

8. Name and Address of Current Registered Agent

**Richard A. Chandler, Jr.
 North Gainesville Baptist Church
 3401 NW 34th St. Suite 4
 Gainesville, FL 32605**

Signature of Registered Agent: *Richard A. Chandler Jr.*
 REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number, Not Applicable)
 Suite, Apt. #, Etc.
 City
 State Zip Code
FL

Date: **3-17-99**

11. This corporation owes 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 607.04(1) or 617.04(1), 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)(b), 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: *Richard A. Chandler, Jr.* RICHARD A CHANDLER JR 3-17-99 (352) 338-9050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2EGP-112-001