

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:38

SECRETARY OF STATE
REINSTATEMENT

DOCUMENT # **N48430**

1. Corporation Name

BAPTIST BIBLE CHURCH, INC.

Principal Place of Business

Mailing Address

2624 NORTH 10TH STREET
HAINES CITY FL 33845

P.O. BOX 786
HAINES CITY FL 33845



300024296539

10/31/03 - 01002---008 **175.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-7006166

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

9/10/03 90058 008 01.25

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LASKETT, SINCLAIR	1502 26TH TERR	HAINES CITY FL
T	FORD, JOHN R	P O BOX 838	DAVENPORT FL 33886
T	CONSTANT, VALDEMA	1108 N 10 ST	HAINES CITY FL
T	FOX, LEWIS	PO BOX 2745	HAINES CITY FL
T	FRANCIS, NOEL	129 S 6TH STREET	HAINES CITY FL 33844

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, ERNEST C.
2624 NORTH 10TH STREET
HAINES CITY FL 33844

Name

Edwin Kenneth Johnson

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

2624 10th Street North

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
Edwin Kenneth Johnson
REGISTERED AGENT MUST SIGN

Date 10/12/2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-03

Date

422-4119

Daytime Phone #