

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000002159**

**1. Corporation Name**

Community Baptist Church of Summerfield, Inc

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

9525 SE 156th PL

Suite, Apt. #, etc.

**City & State**

Summerfield, FL

**Zip**

34491

**Country**

USA

**3. Mailing Office Address**

9525 SE 156th PL

Suite, Apt. #, etc.

**City & State**

Summerfield, FL

**Zip**

34491

**Country**

USA

**7. Name and Address of Current Registered Agent**

**Name**

Ernest Riesen

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

11835 SE 70th Ave. Rd.

Suite, Apt. #, Etc.

**City**

Bellevue

**State**

FL

**Zip Code**

34420

**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

*Ernest Riesen*

REGISTERED AGENT MUST SIGN

Date 10-18-09

**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
P,D	Gerald E. Bollinger	3857 SE 47th	Ocala, FL 34480
V,D	Mark Evans	5423 SE 110th street	Bellevue, FL 34420
T,S,D	Ernst Riesen	11835 SE 70th Ave. Rd.	Bellevue, FL 34420
D	Landon Morgan	8869 SE 133rd St.	Summerfield, FL 34491

**10. 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 contained in Chapter 119, 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:**

*Gerald Bollinger* *Gerald Bollinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-2009  
Date

352-368-5717  
Daytime Phone #

FILED

09 OCT 20 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-09

CR2E081 (12/08)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

May 2, 1994

**5. FEI Number**  
59-3250382

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The 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.