

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 FEB 18 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 96000001184 (8)

1. Corporation Name

Summerfield Baptist Church, INC.

2. Principal Office Address
10817 DIXON DR.
RIVERVIEW, FLA. 33569

3. Mailing Office Address
P.O. BOX 97
RUSKIN, FLA. 33570

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riverview, Fla.

City & State

Ruskin, Fl.

Zip

33569

Country

USA

Zip

33570

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/96

5. FEI Number

59-3401064

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

DOUGLASS, DAVID P.

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

10817 DIXON DR.

Suite, Apt. #, Etc.

City

Riverview, Fla.

State

FL

Zip Code

33569

8. If, 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

David P. Douglass

Date 2/11/02

REGISTERED AGENT MUST SIGN

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
T/P	DAVID-P- DOUGLASS	10817 DIXON DR.	Riverview, Fla. 33569
T/C	ARTHUR HAYS	P.O. Box 2	Mango, Fl. 33550
T/C	Robert Surgoine	10913 FRESNO LN.	Riverview, Fl. 33569
TRST	JONATHAN DOUGLASS	1103 SABLE COVE	Ruskin, Fla. 33570

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 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:

JONATHAN P. DOUGLASS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

(813) 641-3810

Daytime Phone #

CR2E081 (8/01)