

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 JUN 19 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000003145**

1. Corporation Name

RAMAH BAPTIST CHURCH, INC

2. Principal Office Address

10545 SE 58th Ave

Suite, Apt. #, etc.

City & State

Belleview FL

Zip

34420

Country

USA

3. Mailing Office Address

10545 SE 58th Ave

Suite, Apt. #, etc.

City & State

Belleview FL

Zip

34420

Country

USA

500005970005--9
-06/25/02--01041--002
****245.00 ****245.00

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

5/29/97

5. FEI Number

593457897

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

WARNELL B. MAXEY

236.25 - ADM

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

3351 SE 73rd St.

61.25 - AR

Suite, Apt. #, Etc.

8.75 - CERT

City

Ocala

State

FL

Zip Code

34480

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

Warnell B. Maxey

REGISTERED AGENT MUST SIGN

Date 6/18/02

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
D	WARNELL B. MAXEY	3351 SE 73rd St	Ocala FL 34480
D	Willie Roy MUNN	2230 NW 18th St	Ocala FL 34475
D	Dorothy Graham	4770 SE 98th Lane	Belleview FL 34420
D	Edna Hardy	5480 SW 97th Place	Belleview FL 34420

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:

Warnell B. Maxey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/02

Date

352/629-6651

Daytime Phone #

CR2E081 (9/01)