

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUL 22 AM 9:39

DOCUMENT # N98000000316

1. Corporation Name

Berean Baptist Church, Inc of  
Daytona Beach, Florida

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

Daytona Bch FL 32117

Suite, Apt. #, etc.

3. Mailing Office Address

211 Madison Ave

Suite, Apt. #, etc.

City & State

Daytona Beach

City & State

FL

Zip

32114

Country

Volusia

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/20/1998

5. FEI Number

593407941

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

100182332461  
06/18/10--01033--005 \*\*297.50

CR2E081 (6/10)

7. Name and Address of Current Registered Agent

Name

Dwaine Johnson

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

1038 Berkshire Road

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32117

100182332461  
07/22/10--01037--010 \*\*51.25

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

D Johnson

REGISTERED AGENT MUST SIGN

Date

6-

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
PD	Dwaine Johnson	1038 Berkshire Road	Daytona Bch FL 32117
TD	James Bryant N	919 Vernon Street	Daytona Bch FL 32114
TD	Hezekiah Corbitt	136 Dr. Mary McLeod Bethune Blvd	Daytona Bch FL 32114
TD	James T Pollitz	518 Dorothy Ave.	Holly Hill FL 32117
REINSTATEMENT 08-10 B 7/23/10			

10. E-mail Address: Magne1164@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Dwaine Johnson

6-16-10

386-527-3941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #