

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **99** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 JUN 18 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000002500**  
1. Corporation Name **BIBLE BAPTIST CHURCH OF ORLANDO, CORP.**

Principal Place of Business: **1612 BRUTON BLVD. ORLANDO, FL 32805**  
Mailing Address: **1933 WILLIAMS MANR. AV. ORLANDO, FL 32811**

**REINSTATEMENT** **99 780 6/18/99**

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **APRIL 29, 1998**

5. FEI Number **59-35021209**  
Applied For  
Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LILLIE JEAN CONWAY	1933 WILLIAMS MANOR AVE	ORLANDO, FL 32811-4130
D	LARRY E. JOHNSON	7207 PLEASANT DR.	ORLANDO, FL 32818
D	GENEVA MAYNARD-MIMS	521 N. CAPEN AV.	WINTER PARK, FL 32789
			400002914564--2 -06/24/99--01085--001 ****245.00 ****245.00

8. Name and Address of Current Registered Agent  
**LUCIOUS CONWAY, JR.  
1933 WILLIAMS MANOR AVE.  
ORLANDO, FL 32811-4130**

9. Name and Address of New Registered Agent

Name **LILLIE JEAN CONWAY**  
Street Address (P.O. Box Number is Not Acceptable) **1933 WILLIAMS MANOR AVE.**  
Suite, Apt. #, Etc.  
City **ORLANDO** State **FL** Zip Code **32811-4130**

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.

Signature of Registered Agent **L. J. Conway** REGISTERED AGENT MUST SIGN Date **16 June 99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: **LILLIE J. CONWAY** **16 June 99** **(407) 293-3492**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E040 11/98