


NOT FOR PROFIT
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N98000005460</u>			
1. Corporation Name <u>Calvary Baptist Church, INC. OF AVON PARK, FLORIDA</u>			
2. Principal Office Address - No P.O. Box # <u>2220 HWY 27 S</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>AVON PARK, FL</u>		City & State	
Zip <u>33825</u>	Country <u>U.S.A.</u>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number <u>59-3527958</u>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>AVIN MILLER</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2220 HWY 27 S</u>			
Suite, Apt. #, Etc.			
City <u>AVON PARK</u>		State <u>FL</u>	Zip Code <u>33825</u>
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 <u>Avin Miller</u>		Date <u>3-12-10</u>	
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
<u>PD</u>	<u>AVIN MILLER</u>	<u>2220 HWY 27 S</u>	<u>AVON PARK, FL 33825</u>
<u>OT</u>	<u>Gordon Armstrong</u>	<u>2220 HWY 27 S</u>	<u>AVON PARK, FL 33825</u>
<u>T</u>	<u>John D. Washington</u>	<u>2408 N. Thomas Rd.</u>	<u>AVON PARK, FL 33825</u>
10. E-mail Address: <u>amlm@vista.net.net - please mail us a card instead.</u> <small>(To be used for future annual report notification)</small>			
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: <u>Avin Miller</u>		<u>(AVIN MILLER)</u> <u>3-12-10</u> <u>863-443-1630</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

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☒ 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.

3/18a