

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 NOV -1 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N99000005428**

1. Corporation Name

The Great Commission Baptist Church of Lakeland  
Florida, Inc.

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

2821 Skyview Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Zip

33801

Country

Polk

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

9-13-99

5. FEI Number

59-3616933

☐ 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

Franklin Street III

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

3360 Gate Rd.

Suite, Apt. #, Etc

City

Bartow

State

FL

Zip Code

33830

400213874324  
11/01/11--01029--005 \*\*796.25

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

REGISTERED AGENT MUST SIGN

Date 10-27-11

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
Pres	Franklin Street III	3360 Gate Rd.	Bartow FL 33830
Sec	Gina Carr	5409 Lake Luther Rd.	Lakeland FL 33805
Tre	Justin T. Canady	3360 Gate Rd.	Bartow FL 33830

REINSTATEMENT

102-11

10. E-mail Address: Pastors3@Gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-11

Date

863-934-2042

Daytime Phone #