

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007480

1. Corporation Name

SILOAM BAPTIST CHURCH, INC.

Principal Place of Business

12977 NW 35TH STREET  
OCALA FL 34482

Mailing Address

12977 NW 35TH STREET  
OCALA FL 34482



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

REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/1999

5. FEI Number

59-2933825

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HOSPKINS, JAY <del>HOPKINS</del>	1731 N.E 61ST PLACE	OCALA FL 34479
VP	HARRELL, ERNEST	2999 120TH AVENUE	OCALA FL 34482
T	STAFFORD, DONALD	3023 N.W 117TH COURT	OCALA FL 34482
S	Butler Simmie	10060 S.W 62nd Circle	Ocala Fla 34476

8. Name and Address of Current Registered Agent

HICKS, DANIEL  
2303 S.E 17TH STREET  
OCALA FL 34475

9. Name and Address of New Registered Agent

Name

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

600023988286

Suite, Apt. #, Etc.

10/21/03--01147--014 \*\*236.25

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-03

Date

352-351-8733

Daytime Phone #

CR2E040 (7/03)