

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *1'00331*

1. Corporation Name

The Seventh-Day Baptist Church of Daytona Beach, Florida

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

139-145 First Ave

Suite, Apt. #, etc.

3. Mailing Office Address

139-145 First Ave.

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

City & State

Daytona Beach, Florida

Zip

32114

Country

Valusia

Zip

32114

Country

Valusia

7. Name and Address of Current Registered Agent

Name

CLAYTON E PINDER - TREASURER

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

409 KNOT WAY

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32724

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

Clayton E Pinder

REGISTERED AGENT MUST SIGN

Date *10-14-09*

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
<i>Pastor</i>	<i>W.H. Winbarne</i>	<i>6230 Yellowstone Dr. Port Orange, FL 32129</i>	
<i>Treas.</i>	<i>Clayton E Pinder</i>	<i>409 Knot Way</i>	<i>DeLand, FL 32724</i>
<i>Pres.</i>	<i>Al Hill</i>	<i>249 Palm Castle Dr</i>	<i>Port Orange, FL 32127</i>
<i>V.P</i>	<i>Harry Snyder</i>	<i>4901 Jackson St.</i>	<i>Port Orange, FL 32127</i>
<i>Clerk</i>	<i>Trish Boyd</i>	<i>401 N. Ridgewood Ave apt 285</i>	<i>Daytona Beach, FL 32114</i>
<i>Asst. Clerk</i>	<i>Patricia Thompson</i>	<i>1453 Eden Dr</i>	<i>Deltona, FL 32725</i>

10. 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 contained in Chapter 119, 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:

Clayton E Pinder - Treas. **CLAYTON E PINDER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-09 **10-14-09**
Daytime Phone # *386-738-9382 - Treas.*
386-255-4715 - Church

FILED

09 OCT 19 AM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

700161893527
10/19/09--01042--020 **236.25
RH CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

12-13-1983

5. FEI Number

59-1909993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

ATTACHMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *1100331*

1. Corporation Name

*The Seventh-Day Baptist Church of Daytona Beach
Florida*

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

*For additional
officers of the Church*

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

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

Date

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
<i>Asst. Treas.</i>	<i>Reacher Winburne</i>	<i>6230 Yellowstone Dr.</i>	<i>Port Orange, FL 32127</i>
<i>Fin. Sec.</i>	<i>Enid Noble</i>	<i>9 Little Pond Tr.</i>	<i>Ormond Beach, FL 32174</i>
<i>Asst. Fin. Sec.</i>	<i>Marian Fick</i>	<i>5637 Orange Ave</i>	<i>Port Orange, FL 32127</i>

10. 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 contained in Chapter 119, 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

Date

Daytime Phone #

RH