

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 723612

1. Corporation Name
SABAL PALM BAPTIST CHURCH OF TALLAHASSEE, INC.

02 OCT 24 PM 12:11

Principal Place of Business

Mailing Address

SABAL PALM BAPTIST CHURCH
1915 DALE STREET
TALLAHASSEE FL 32310

SABAL PALM BAPTIST CHURCH
1915 DALE STREET
TALLAHASSEE FL 32310

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1450318

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
T	RAINS, ANGELIA	1443 CANE ROAD	TALLAHASSEE FL
T	RAINS, SCOTT	1443 CANE ROAD	TALLAHASSEE FL
D	LAWRENCE, HERSCHEL	2126 WILLIE VAUSE ROAD	TALLAHASSEE FL
D	SIGAFOO, ROLAND	3250 W. TENNESSEE STREET	TALLAHASSEE FL 32310

400008297054

11/08/02 01120 004 **140.00

02 UBR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAINS, SCOTT
1443 CANE ROAD
TALLAHASSEE FL 32310

Name

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

Suite, Apt. #, Etc.

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02

CR2E040 (8/02)

October 23, 2002

Sabal Palm Baptist Church of Tallahassee, Inc
1915 Dale Street
Tallahassee, Florida 32310

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Sabal Palm Baptist Church of Tallahassee, Inc would like to be reinstated as a Florida Non-Profit Corporation. We would also like to ask for the Reinstatement Fee of \$175.00 be waived. We did not receive the prior Uniform Business Report mailings. We respectfully request that the fee be waived.

Sincerely,

Scott Rains
Trustee

A handwritten signature in dark ink, appearing to read 'S. Rains', written over the printed name and title.