

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 19 AM 7:31

DOCUMENT # 726908

1. Corporation Name

OakDale Baptist Church, Inc.

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

17015 West Newberry Road

Suite, Apt. #, etc.

City & State

Newberry FL

Zip

32669

Country

Alachua

3. Mailing Office Address

17015 West Newberry Road

Suite, Apt. #, etc.

City & State

Newberry FL

Zip

32669

Country

Alachua

000176176480
04/19/10--01003--020 **612.50
REINSTATEMENT (1/09) 01-10

4. Date Incorporated or Qualified
To Do Business in Florida 7/10/1973

5. FEI Number
59-2236210

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

Judith A Rippelmeyer

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

17015 West Newberry Road

Suite, Apt. #, Etc.

City

Newberry

State

FL

Zip Code

32669

☒ 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 4/15/10

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
DT	Judith A Rippelmeyer	17015 W Newberry Road	Newberry FL 32669
D	William Gracy	17015 W Newberry Road	Newberry FL 32669
C	James Avery	17015 W Newberry Road	Newberry FL 32669

10. E-mail Address: DiamondLady47@wildblue.net

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/10

Date

3524724647

Daytime Phone #