

603.75 - 612.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 NOV 28 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/28/07--01046--005 \*\*612.50

REINSTATEMENT 01-07  
CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759073  
 1. Corporation Name  
 TABERNACLE BAPTIST CHURCH OF LIVE OAK,  
 FLORIDA, INC.

2. Principal Office Address - No P.O. Box #  
 8637 Goldkist Blvd  
 Suite, Apt. #, etc.

3. Mailing Office Address  
 P.O. DRAWER T  
 Suite, Apt. #, etc.

City & State  
 Live Oak, FL

City & State  
 Live Oak, FL

Zip Country  
 32064 USA

Zip Country  
 32060 USA

4. Date Incorporated or Qualified To Do Business in Florida 1981

5. FEI Number 59-2353096 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  
 Gilbert C. Roser

Street Address (P.O. Box Number is Not Acceptable)  
 10980 110th Terrace

Suite, Apt. #, Etc.

City State Zip Code  
 Live Oak FL 32060

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 Gil C Roser Date 11-26-2007  
 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
BO	LAKE BRINKLEY	7192 68th Terrace	Live Oak, FL 32060
D	Frank Long	Rt 1 Box 4643	Live Oak, FL 32060
PO	Gilbert C. Roser	10980 110th Terrace	Live Oak, FL 32060

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: Gil C Roser Gil C. Roser Date 11-26-2007  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 386362-7800

11/30 ad