

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 SEP 25 PM 2: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 701232				
1. Corporation Name BIBLE BAPTIST CHURCH, INC., OF ST. PETERSBURG, FLORIDA				
2. Principal Office Address 4090 78TH AVENUE NORTH		3. Mailing Office Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State ST. PETERSBURG, FL		City & State		
Zip 33781	Country	Zip	Country	
		4. Date Incorporated or Qualified To Do Business in Florida		
		5. FEI Number 59-1147370		
		☐ 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 MATTHEW D. GIBBS				
Street Address (P.O. Box Number is Not Acceptable) 11298 60TH AVENUE NORTH				
Suite, Apt. #, Etc.				
City SEMINOLE		State FL	Zip Code 33772	
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 9/22/06		
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	
P/D	MATTHEW D. GIBBS	11298 60TH AVENUE NORTH	SEMINOLE, FL 33772	
S/D	STEVEN M. KLUTH	12137 ORANGE BLOSSOM DR.	SEMINOLE, FL 33772	
T/D	KEN BERTUCCI	7422 21ST STREET NORTH	ST. PETERSBURG, FL 33702	
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: 		9/22/06 787-432-5700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	