PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 30 PM 4:00

DOCUMENT # N00000000044

1. Corporation Name

FIRST COMMUNITY CHURCH OF PALMETTO INC.

Principal Place of Business	Mailing Address
1107 29TH STREET EAST PALMETTO FL	1107 29TH STREET EAST PALMETTO FL

REINSTATEMENT 2001

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
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 156
City & State	City & State PALMETTO, FL
Zip / Country	Zip 34220-0156 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/03/2000

5. FEI Number: 65-0988515 ☐ Applied For ☐ Not Applicable

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
D	CARTER, FREDDIE	1413-26TH STREET EAST	PALMETTO FL 34221
D	CARTER, OLIN	1413-26TH STREET EAST	PALMETTO FL 34221
D	LUCAS, BOBBY	3312-5TH DRIVE WEST	PALMETTO FL 34221
D	MURRAY, FLOYD	503-25TH STREET WEST	PALMETTO FL 34221
D	WASHINGTON, OLLIE	3117-9TH AVE DRIVE EAST	PALMETTO FL 34221
D	PIERRE, EDMUND	PO BOX 1626	PALMETTO FL 34220

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CARTER, OLIN 1413 26TH STREET EAST PALMETTO FL 34221	Name Street Address (P.O. Box Number is Not Acceptable) 400004721214--3 Suite, Apt. #, Etc. -12/12/01--01079--007 ****236.25 ****236.25 City / State FL / Zip Code

CR2E040 (8/01)

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.

AD

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10-21-01
REGISTERED AGENT MUST SIGN

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: Bobby L Lucas SIGNATURE REQUIRED — 10-21-01 — 941-729-8611
BOBBY L LUCAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #