

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 15 PM 12:21

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000001451
1. Corporation Name
ST. Mary's Baptist Church, Inc

600139026596
12/15/08--01064--017 **297.50

REINSTATEMENT 07-08 KS

2. Principal Office Address - No P.O. Box #
917 GRANT AVE
Suite, Apt. #, etc.
City & State
Mount Dora, FL
Zip
32757 Country
USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
7
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
2/6/2000

5. FEI Number
593167681 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
Bartell Coleman SR
Street Address (P.O. Box Number is Not Acceptable)
917 GRANT AVE
Suite, Apt. #, Etc.
City
MOUNT DORA State
FL Zip Code
32757

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 Bartell Coleman SR Date 12/12/08
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
CEO	Bartell Coleman SR	1626 CLARCONA RD.	APOPKA, FLA. 32703
TRUS	John McDuffie	1820 N. Orange St	Mt. Dora, FL 32757
TRUS	Charlie Willingham	1401 N. TREMAIN ST	Mt Dora FL 32757
TRUS	KATIE McNealy	1312 LONGVILLE CIR	Tavares FL 32798

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: Bartell Coleman SR Date 12/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR