

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 29 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000000229

1. Corporation Name

First African Missionary Baptist Church, Inc.

2. Principal Office Address

433 Palmetto Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 95

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

City & State

Green Cove Springs, FL

Zip

US

Zip

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/2004

5. FEI Number

59-2899442

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee require
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Kenneth L. Wright, Sr.

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

433 Palmetto Avenue

Suite, Apt. #, Etc.

100082861621

12/29/06--01028--013 **906.25

City

Green Cove Springs

State

FL

Zip Code

32043

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

Kenneth L. Wright
REGISTERED AGENT MUST SIGN

Date

12/28/06

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
D/P	Kenneth L. Wright, Sr.	433 Palmetto Avenue	Green Cove Springs, FL 32043
D/S	Thomas Hogan	433 Palmetto Avenue	Green Cove Springs, FL 32043
D/T	Larry McDaniels	433 Palmetto Avenue	Green Cove Springs, FL 32043

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:

Kenneth L. Wright

December 28, 2006

904-536-3281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH L. WRIGHT SR, PASTOR, & DIRECTOR

Date

Daytime Phone #

12/28/06