PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N20002

1. Corporation Name

COVENANT Baptist Church OF Gainesville, INC.

REINSTATEMENT 00-02

2. Principal Office Address	**3.** Mailing Office Address
3115 N.W. 16th AVE.	3115 N.W. 16th AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL.	City & State: Gainesville, FL.
Zip: 32605 Country: USA	Zip: 32605 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/07/1987

5. FEI Number: 592809386 ☐ 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: Joe MORGAN

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-07/17/02--01052--007
****367.50 ****367.50

Street Address (P.O. Box Number is Not Acceptable): 5401 N.W. 14th Ave.

Suite, Apt. #, Etc.:

City: Gainesville State: FL Zip Code: 32605

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: Joe Morgan — REGISTERED AGENT MUST SIGN — Date: 7/15/2002

CR2E081 (9/01)

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
T	Joe MORGAN	5401 N.W. 14th AVE	Gainesville FL 32605
T	Steven Smittle	3115 N.W. 16th Ave.	Gainesville FL. 32605
T	DAVID Dose	1224 N.W. 36th St.	Gainesville FL. 32605
T	EDWINA HOPE	1919 N.W. 4th Ave.	Gainesville, FL. 32603

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 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: Joe Morgan [Joe MORGAN] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 7/15/2002 Date — 352-373-0805 Daytime Phone #

7/16/02