PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 001001WB02

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL 20 PM 1:38

DOCUMENT # N99000000495

1. Corporation Name
Temple of Grace Missionary Baptist Church, Inc.

2. Principal Office Address	**3.** Mailing Office Address
5797 NW 185th St.	5797 NW 185th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Lake, FL	City & State: Orange Lake, FL
Zip: 32681 Country: USA	Zip: 32681 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1-22-99

5. FEI Number: None ☐ 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: Willie L. Kingcade

Street Address (P.O. Box Number is Not Acceptable): 5797 NW 185th ST.

Suite, Apt. #, Etc.:

City: Orange Lake, State: FL Zip Code: 32681

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****122.50 ****22.50

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: Willie L. Kingcade Date: 7/19/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
TP	Willie L. Kingcade	5797 NW 185th St.	Orange Lake, FL 32681
T	Martha K. Kingcade	5797 NW 185th St.	Orange Lake, FL 32681
TST	Lonnie B. Edwards	2817 NW Hwy 316	Orange Lake, FL 32686

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: Willie Kingcade Trustee 7/19/01 (352) 622-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #