245.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -9 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000495

REINSTATEMENT 03-04

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

2. Principal Office Address	**3.** Mailing Office Address
1865 NW 185th St	P.O. Box 4592
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala Fl.	City & State: Ocala Fl
Zip: 34475 Country: USA	Zip: 34478 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1-22-94

5. FEI Number: 593568883 ☐ 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

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: Rev. Willie Kingcade Date: 11/3/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pastor	Willie L. Kingcade	5797 NW 185th St	Orange Lake Fl. 32681
Secretary	Martha K. Kingcade	5797 NW 185th St	Orange Lake Fl. 32681
Treasurer	Michael Williams	6475 NW 61st Ave	Ocala Fl. 34482

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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: Rev. Willie Kingcade 11/3/04 352-427-7319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #