PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -3 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19000000495

1. Corporation Name
Temple Of Grace Missionary Baptist Church, INC,

2. Principal Office Address	3. Mailing Office Address
1865 N.W 42nd St	PO Bx 4992
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL.	City & State: Ocala FL.
Zip: 34475 Country: USA	Zip: 34478 Country: U.S.A.

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

5. FEI Number: 593568883 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Willie L. Kingcade
Street Address (P.O. Box Number is Not Acceptable): 5797 N.W 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: Willie L. Kingcade (REGISTERED AGENT MUST SIGN) Date: 12/31/02

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
Director	Willie L. Kingcade	5797 NW 185st	Orange Lake FL. 32681
Diretor	Martha K. Kingcade	5797 N.W 185st	Orange Lake FL. 32681
T	michael Williams	6475 N.W. 61st Ave.	Ocala FL. 34482
Note:	Deacon Lonnie Edwards	is Deceased) *	

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 L. Kingcade / Willie L. Kingcade (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 12/31/02 (Date) (352-622-9111) (Daytime Phone #)

JF 1/7