PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY -6 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000004149

1. Corporation Name

Bailey Memorial Church of God In Christ, Inc.

800155531288
05/06/09--01021--011 **183.75

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
654 NE 2nd Street		750 NE 3rd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Crystal River, Fl		Crystal River, Fl	
Zip	Country	Zip	Country
34429	USA	34429	USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/14/2006

5. FEI Number: 86-1162359 ☐ 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: Arthur Hayes

Street Address (P.O. Box Number is Not Acceptable): 750 NE 3rd Street

Suite, Apt. #, Etc.:

City: Crystal River | State: FL | Zip Code: 34429

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Arthur Hayes — REGISTERED AGENT MUST SIGN — Date: 05/05/2009

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
P	Arthur Hayes	750 NE 3rd Street	Crystal River, Fl 34429
VP	Howard Buckingham	5075 N Perry Street	Beverly Hills, Fl 34465
S	Osie Mizell	1234 NE 2nd Street	Crystal River, Fl 34429
	REINSTATEMENT RH		

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: Arthur Hayes — 05/05/2009 — 352-634-3987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #