

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 FEB 18 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700494

1. Corporation Name
MACEDONIA BAPTIST CHURCH OF RIVIERA BEACH, FLORIDA, INC.

Principal Place of Business Mailing Address
748 WEST 9TH ST 748 WEST 9TH ST
P.O. BOX 9821 P.O. BOX 9821
RIVIERA BEACH FL 33404-0821 RIVIERA BEACH FL 33404-0821

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/24/1960	
City & State		City & State		5. FEI Number	
Country		Zip		65-0100318	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	SMITH, MICHELLE	8045 BERMUDA CIRCLE WEST	WEST PALM BEACH FL 33407
	THOMAS, TANYA	6217 NEWTON WOODS DR.	WEST PALM BCH FL 33411
M	GRAHAM, ALBERT	330 W 14TH ST	RIVIERA BCH FL
	LAWRENCE, JOSEPH	1440 W. 27TH STREET	RIVIERA BCH FL 33407
	DAVIS, ERICKA	5015 W. 45th st	West Palm Bch, FL 33407
	PATTERSON, ARTHUR	440 W 31ST STREET	RIVIERA BCH FL 33407
	CUNNINGHAM, KARRAN	4121 HADEN AVE	West Palm Bch, FL 33407
1/D	GATES, RUTH	764 WEST 3RD STREET	RIVIERA BEACH FL 33404
			0000003145398 5
			-02/24/00--01004--004
			***297.00 ***297.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GATES, SAMUEL			
613 34TH STREET			
WEST PALM BEACH FL 33407			
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.			
City		State	Zip Code
		FL	

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Agent: Samuel Gates Date: 2-16-2000
REGISTERED AGENT MUST SIGN

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: Albert Graham 2 16-2000 561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
2-7-2000 842-8068