

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 JAN 31 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **700494**

1. Corporation Name **MACEDONIA Baptist Church
OF Riviera Beach, FL, INC.**

000004911850--8

-03/12/02-01050-008

****297.50 ****297.50

2. Principal Office Address

748 W. 9th St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

City & State

Zip

33404

Country

U.S.

Zip

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/1960

5. FEI Number

65-0100318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Samuel Gates

Street Address (P.O. Box Number is Not Acceptable)

613 34th St.

Suite, Apt. #, Etc.

City

West Palm Beach,

State

FL

Zip Code

33407

200005065072--8

-03/07/02-01072-008

****297.50 ****297.50

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

Samuel Gates

REGISTERED AGENT MUST SIGN

Date

1/31/2002

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
S	Tanya Thomas	6217 Newton Woods Dr - West Palm Beach	33417
M	Albert Graham	330 W. 14th St. Riviera Beach, FL	33404
D	Erica Davis	5015 W. 45th St. West Palm Beach, FL	33407
TD	Ruth Gates	764 W. 3rd St. Riviera Beach, FL	33404
D	KARAN CUNNINGHAM	4121 Haden Ave - West Palm Beach, FL	
D	Thomas Masters	748 W. 9th St. Riviera Beach, FL	33407

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)(l), 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. T. Masters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/2002

Daytime Phone #

561-662-7421

CR2E081 (9/01)