10/23/2007

**16:28 13055740190** 2007-10-23 20:20:42 (GMT)

P.002 13055740190 From: Stuart Sutta

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A E SON		07 OCT 24 PM 1: 17
REINSTATEMENT	DEPARTMENT OF STATE Secretary of State GION OF CORPORATIONS	SEGNET, LONG STATE TALLAHASSEE, FLORIDA
DOCUMENT # 705015		
First Baptist Church of		
Riviera Beach Inc.		200111557752
2. Principal Office Address - No P.O. Box # 3. Uniting Office Address  135 W 12th St (Same)		200111557752 10/31/0701054015 **183.75 crzeo81 (1/07)
Suite, Apt. #. etc.	. \	Date Incorporated or Qualified To Do Business in Florida
City & State	5.	CC Number Applied For
Zip Country Zip	Country 6.	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		C
Name Holmer ALtiDor		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)		the prior notices. By checking this box, you are certifying the prior notices were not
Suite, Apt. #, Ctc.		received and requesting the reinstatement fee be waived.
City Riviera Beach FL 23404 DETATOTATERATE		
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. V. I.		
Registered Agent Agent REGISTERED AGENT MUST SIGN  Date 16/23/07		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers analyor Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD Holmer AltiDor	135 W/2th Stre	et Riviera Beach, Fl 33404
VD EIDA Alvine 133 W12th Street Riviera Bech & 33404		
SD Ben Jamin Luctson 3894 Nokom & Ave w. Palm Brich, R 33409		
D Louisner Altidor 7919 Executive Plaza W. Palm Bach, A 33401		
D Christiane Duverson 3894 Nokoms Are W. Palm Rich Fg 33469		
50 RONY Patithone 5400 N Flagger Or W. Palm Beach 133407		
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF BROWING OFFICER OR DIRECTOR DUTE DUTE DOUBLE Phone 4		