

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR -6 PM 3:31
TAMPA, FLORIDA

DOCUMENT # 710288

1. Corporation Name

Pilgrims Rest Missionary Baptist Church

2. Principal Office Address

4202 W. Nassau St.

Suite, Apt. #, etc.

3. Mailing Office Address

4202 W. Nassau St.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33607

Country

USA

Zip

33607

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1931656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Edward A. Cooper

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

3410 McBerry

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33601

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

Edward A. Cooper

Date

4/4/06

REGISTERED AGENT MUST SIGN

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
D	Edward Cooper	3410 McBerry	Tampa, FL 33601
D	Mamie Sims	4316 N. 17th Street	Tampa, FL 33612
D	William Charles	6903 W. Carson Ave.	Tampa, FL 33614
D	Darlene Johnson	4207 Grace Street	Tampa, FL 33607
S	Patricia Hamlet	4626 Byerle Circle	Tampa, FL 33634
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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:

Edward A. Cooper Edward A. Cooper

Date

4/4/06 813-728-2299

Daytime Phone #