

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAY 15 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 74-07  
CR2E081 (1/07)

DOCUMENT # 714104

1. Corporation Name

ST. JOHN MISSIONARY BAPTIST CHURCH OF IMMOKALEE, INC.

2. Principal Office Address - No P.O. Box #

201 W. EUSTIS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1033

Suite, Apt. #, etc.

City & State

Immokalee, FL

City & State

Immokalee, FL

Zip

34142

Country

USA

Zip

34143

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

02/15/1968

5. FEI Number

65-0350056

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

Florence Jelks

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

419 Booker Blvd.

Suite, Apt. #, Etc.

PO Box 24

City

Immokalee

State

FL

Zip Code

34142

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

*Florence Jelks*  
REGISTERED AGENT MUST SIGN

Date 5/3/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Rev Dr. Kimbal Thomas, pastor	79 Emerald Wood Dr Apt 5-4	Naples, FL 34108
VP	Ministry Frank Williams	916 Jaguar ST	Lehigh Acres, FL 33936
Sec	Lonzo Morgan	609 Nassau ST, Apt #2	Immokalee, FL 34142
Trea	Florence Jelks	PO Box 24 419 Booker Blvd	Immokalee, FL 34143

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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:

*Florence Jelks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/07 239-250-4511  
Date Daytime Phone #

5/25/07