


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|-----------------------------------|--|-----------------------|---|--|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | <p>FILED</p> <p>05 DEC 21 2005 5:21</p> <p>SECRET</p> <p>TALLAHASSEE</p> | |
| DOCUMENT # 719667 | | | | | |
| 1. Corporation Name The First Bethlehem Missionary Baptist Association, Inc. | | | | | |
| 2. Principal Office Address 1729 Martin Luther King Jr. Blvd. | | 3. Mailing Office Address 1729 MLK, Jr. Blvd | | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">04-05</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">CR2E081 (8/05)</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">605000053464</div> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Tallahassee, Florida | | City & State Tallahassee, Florida | | | |
| Zip 32301 | Country Leon | Zip 32301 | Country Leon | | |
| | | 4. Date Incorporated or Qualified To Do Business in Florida 11/9/1970 | | 5. FEI Number 59-3029117 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | | | |
| Name James B. Duval | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2320 Ajax Road | | | | | |
| Suite, Apt. #, Etc. | | | | | |
| City Tallahassee | | | | | |
| State FL | | | | | |
| Zip Code 32311 | | | | | |
| 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 <i>James B. Duval</i> 11-5-05 REGISTERED AGENT MUST SIGN | | | | | |
| Date 11-5-05 | | | | | |
| 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 | | |
| PD | Jamea B. Duval | 2320 Ajax Road | Tallahassee, FL 32311 | | |
| V | H. J. Boone, Sr. | 2346 S. W. 3rd Street | Ocala, FL 34474 | | |
| VD | Craig P. Riley, Sr. | 866 Golden Street | Tallahassee, FL 32304 | | |
| S | Izell Montgomery, Jr. | 374 S. Myrtle Street | Perry, FL 32347 | | |
| D | George Grimmage | 9225 - 97th Lane | Live Oak, FL 32060 | | |
| 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)(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: <i>James B. Duval</i> 11-5-05 - 850-878-9613 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James B. Duval | | | | | |
| Date Daytime Phone # | | | | | |