

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 23 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719758

1. Corporation Name

Friendship Primitive Baptist Church, of
Medart, Florida, Inc.

2. Principal Office Address

165 Friendship Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

41 Desmond St.

Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Crawfordville, FL

Zip

32327

Country

Wakulla

Zip

32327

Country

Wakulla

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/25/70

5. FEI Number

59-2990789

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

W. E. Carroll

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

41 Desmond St.

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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**

W. E. Carroll

Date

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	William M. Payne	203 Friendship Rd.	Crawfordville, FL 32327
D	W.E. Carroll	41 Desmond St.	Crawfordville, FL 32327
D	Finley L. McMillian	286 Mashers Sands Rd	Panacea, FL 32346

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-22-05 850-926-7823

CR2E081 (01/05)

FRIENDSHIP PRIMITIVE BAPTIST CHURCH,
OF MEDART, FLORIDA, INC.
Post Office Box 66
Crawfordville, FL 32327

2002

8/10/05

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

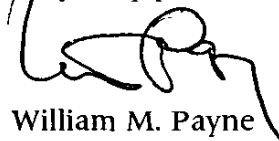
It has recently been brought to the attention of the Deacons of Friendship Primitive Baptist Church, of Medart, Florida, Inc. that our Florida Non-Profit corporation was dissolved by proclamation in 1973.

As an officer/director of this corporation I personally never received the annual renewal for 1973, or any year thereafter. We wish to reinstate our corporation and enclose herewith:

- a) completed Reinstatement Form; and
- b) Friendship's check in the amount of \$1,511.00.

If you have any questions, please feel free to contact me.

Very truly yours,



William M. Payne

Enclosures