PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION FL. REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 NOV -8 PM 1:54
DOCUMENT# 720399	7	
DOCUMENT # 720399  1. Corporation Name  Good News Beptist Chapel,		TALLAHASSEE, FLORIDA
Trc. REINSTATEMENT 06-07 PCS		
2. Principal Office Address - No P.O. Box # 3.	Mailing Office Address	
2314 N. Jefferson St 3	23/4 N. Jefferson St	CR2E081 (1/07)
	uite, Apt. #, etc.	
		4. Date Incorporated or Qualified 3/10/1971
City & State City & State	ty & State	<b>5.</b> FEI Number Applied For Not Applied For
Zip Country Zip	p Country	6. S8 75 Additional Fac required
33602 U.S. 3	3602 11.5.	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Name and Address of Cur	rent Registered Agent	
Name // //	2014	The reinstatement fee is imposed, except in
Kelly Cerl KeV.		circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)		the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
		fee be waived.
12mp2	State Zip Code FL 33602	
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 EAV J. Kelly J. REGISTERED AGENT MUST SIGN X Y		
9. Names and Street Addresses of Each Officer and/or D		
Titles Name of Officers and /or Directors	Street Address of Each Officer and/or Director	, City / State / Zip
P. Kelly Each So Temps For Temps #2 33405		
D dall (32) - 2314 N. Jefferson St. 72mp2, FL 33602		
11/1/16	2314 N. 30 F.	erson St - 12mp2, FL 33602
S. Kelly , Kasha	12mp2 P1	erson of 12mp2, 12 33602
		100112301241
		11/14/0701051004 **122.50
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.		
WD EN (VIII 8 1/5/27 8/3-229-2106		
SIGNATURE: Date Daytime Phone #		