

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 11 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723847

1. Corporation Name

S+ Stephen Baptist Church, Inc

2. Principal Office Address

4201 Alameda St

Suite, Apt. #, etc.

3. Mailing Office Address

1016 W. 31st Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32209

Country

USA

City & State

Jacksonville, FL

Zip

32209

Country

USA

REINSTATEMENT 94-05

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/1972

5. FEI Number

72-3847260

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

Carlton L. Addison

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

10961 Burnt Mill Rd #511

Suite, Apt. #, Etc.

511

City

Jacksonville

State
FL

Zip Code

32256

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

Carlton L. Addison

REGISTERED AGENT MUST SIGN

Date

3/9/2005

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
P/V/D	Beverend Benjamin F. Addison	1016 W. 31st St	Jacksonville, FL 32209
S/D	Naomi Addison	1016 W. 31st St	Jacksonville, FL 32209
D	Beverley Addison	10961 Burnt Mill Rd #511	Jacksonville, FL 32209

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:

Naomi Addison Naomi Addison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2005 (904) 768-5186

Date

Daytime Phone #

CR20081 (01/05)