## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COR	PORATION	Jir Secre	ARTMENT OF STATE  m Smith  tary of State  of CORPORATIONS			FILED JUG 14 PM 12: 25 DETARY OF STATE
1. Corporat	IMENT # 733310 ION Name IANY MISSIONARY BA	PTIST CHUR	CH, INC.		000	RETARY OF STATE AHASSEE, FLORE DO7169422 -08/16/0201056/2001 *****245.00 ******245.0
2. Principal Office Address         3. Mailing 0           5814 58TH ST COURT         902 MAY				1		10 n7
0011011101110111		902 MAYDELL	LCOURT	-{		97-00
Suite, Apt. #, etc. Suite, Apt. #,			<b>4.</b> Di		orated or ess in Flo	Qualified orida 07/16/1975
City & State TAMPA, FL		City & State TAMPA, FL		5. FEI Number         Applied For           59-6524137         Not Applicable		
Zip	Country	Zìp	Country	6.		\$8.75 Additional Fee require
33610	USA	33619	USA	<u> </u>	OF STATE	S DESIRED for a Certificate of Status
-	Name REVEREND CLYDE THOMPSON  Street Address (P.O. Box Number is Not Acceptable) 902 MAYDELL COURT					
·	Suite, Apt. #, Etc.				-	
	City TAMPA				State <b>FL</b>	Zip Code 33619
8. I, being Signature of Registered	appointed the registered agent of the ad-	ove named corporation,  CHILA  EGISTERED AGENT N	1	obligations of section	n 607.050 Date	8/12/02
9. Names	and Street Addresses of Each Officer ar	nd/or Director (Florida no	onprofit corporations must list at	least 3 directors)		
Titles	Name of Officers and/or Directors	s	Street Address of Ea Officer and/or Direct	ch or		City / State / Zip
PRES	REVEREND CLYDE THOMPSON		902 MAYDELL COURT		TAMPA, FL 33619	
VPRES	BOBBY ROYAL		854 SOUTH GOLDRIDGE DR.		TAMPA, FL 33619	
DIR	DELORES STENNIS		1014 DAVIS PALCE		TAMPA, FL 33619	
DIR	ANN DRAYTON		4920 82ND STREET		TAMPA, FL 33619	
DIR	TERRI DIXON		2620 EAST CHIPCO STREET		TAMPA, FL 33605	
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 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  Date  Date  Date						