

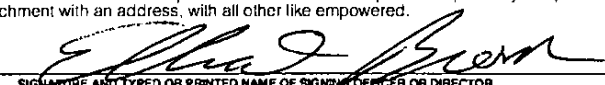


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 734922</b> 1. Entity Name <b>FAITH INDEPENDENT MISSIONARY BAPTIST CHURCH, INC</b>						<b>FILED</b> <b>05 OCT 10 PM 12: 57</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2805 SILVER LAKE AVE. TAMPA, FL 33614</b>				Mailing Address <b>2805 SILVER LAKE AVE. TAMPA, FL 33614</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>BROWN, ELBERT L DECN 701 EAST ANNIE ST. TAMPA, FL 33612</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>October 6, 2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDELL, BALDWIN 6726 RALSTON BEACH CIRCLE TAMPA, FL 33614			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>100060456361</b>  <b>10/10/05--01072--007 *\$61.25</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COKER, JOHN 9528 DARTSMOUTH ST. TAMPA, FL 33612			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARTIN, RON 2802 N MORGAN ST TAMPA, FL 33602			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ELBERT 701 E ANNIE STREET TAMPA, FL 33612			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete         </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete         </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>October 6, 2005</u> <small>DATE</small>			

October 6, 2005

To Whom It May Concern:

We received an Important notice through the mail on October 5, 2005 saying that Florida Department of State had administratively dissolved this entity or revoked it's authority to transact business for failure to file its 2005 annual report. As of yet, we have never received our 2005 Form to fill out. So when we received this message it took me for a loop. We never received a notice until October 5. So I am asking and praying that we can get this straightened out.

My name is Anna Brown and I am the Clerk for Faith Independent Missionary Baptist Church. I'm praying that you will waive the late fee or what ever and please let us pay the \$ 61.25 as we have always done. I downloaded this reinstatement form and have gotten it filled out. I'm sending a check along with the form. Please forgive my stupidity. I didn't know it was so easy to down load the form. If I don't receive it by the time we are suppose to get it, I'll download and send it the next time. I won't wait. I hope you can forgive me this time. The document # is 734922.

Truly yours

A handwritten signature in cursive script that reads "Anna Brown".

Anna Brown  
Clerk