

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 11 AM 11:13

DOCUMENT # 744600

1. Corporation Name

ST. MARK MISSIONARY BAPTIST Church, Inc.

2. Principal Office Address - No P.O. Box #

7221 S. Sherrill

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 130401

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33616

Country

USA

Zip

33681

Country

USA

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

5. FEI Number

592921072

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

Randolph T. Myers, Sr.

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

2704 North 32nd Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

500158047915

05/15/09--01024--030 **\$61.25

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

Randolph T. Myers, Sr.

REGISTERED AGENT MUST SIGN

Date 5/6/09

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
TR	Sandra Haynes	4512 West McElroy Ave	Tampa, FL 33611
T	William Smart	7404 O'Brien Street	Tampa, FL 33616
S	ANNIE LAURA MOONS	3813 Oklahoma Avenue	Tampa, FL 33616
TR	John L. Peterson	7406 Monton Street	Tampa, FL 33616
TR	Billy Glover	4411 Iowa Street	Tampa, FL 33611
TR	Kevin Benson	7309 O'Brien Street	Tampa, FL 33616

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 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.

SIGNATURE:

Sandra Haynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/6/09

Daytime Phone #

813-870-4235