

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 746737 1. Entity Name SPIRITUAL ASSEMBLY OF THE BAHAI'S OF TALLAHASSEE, FLORIDA, INC.						FILED 04 NOV -4 AM 11:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 1310 CROSS CREEK CIR TALLAHASSEE, FL 32301 US				Mailing Address P.O. BOX 20114 TALLAHASSEE, FL 32316 US																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>4012 Forsythe Way</i> <i>Tallahassee FL</i>		 REINSTATEMENT 2004 10282004 REIN IN P. CR2F099 6/04																											
City & State		City & State																													
Zip		Zip																													
Country		Country		4. FEI Number 59-2972846		Applied For <input type="checkbox"/> Not Applicable																									
Zip		Country		Zip <i>32309</i>		Country <i>USA</i>																									
6. Name and Address of Current Registered Agent PRICE, EDWARD 2765 W. THARPE ST. #113 TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name <i>RUBEN MALAN</i> Street Address (P.O. Box Number is Not Acceptable) <i>4012 Forsythe Way</i> City <i>Tallahassee</i> FL Zip Code <i>32309</i>																											
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 <i>Ruben Malan</i> DATE <i>11/3/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50				in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																											
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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.																															
SIGNATURE: <i>Ruben Malan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>11/03/2004</i> Daytime Phone # <i>894-1298</i>																											