PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 9 / 8 2 FLORIDA DEPARTMENT OF STATE CORPORATION 10 MAY 13 AM 9:45 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALEAHASSEE, FLORIDA DOCUMENT # Tlade 11 1. Corporation Name First free will Bestist Churched PalmBay **000180279950** 05/13/10--01029--003 **183.75 000180279950 05/04/10--01048--021_**13 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 7455 1181 Lamp lighter Dillor Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For Patr Bu PalnBa 59-3559593 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 33907 32907 4-5U AEO for a Certificate of Status Name and Address of Current Registered Agent PROFIT CORPORATIONS ONLY ☐ The \$600.00 reinstatement fee is imposed, eith talquharson except in circumstances which the entity did Street Address (P.O. Box Number is Not Acceptable) not receive the prior notices. By checking Ŋ., & 20 Emerson Dr NE Suite, Apr. #, Etc. this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Zip Code 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 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip P Rala Bay, Fe, 3295 820 Emerson DruE Bo 1181 Lamplighter DENA 10. E-mail Address: a m/ed 1939 (To be used for future annual report notification) 11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9010

321-984-441

Daytime Phone #

SIGNATURE: "



FIRST FREE WILL BAPTIST CHURCH OF PALM BAY: Ref. Number 766671 7455 Babcock Street SE
Palm Bay, Fl 32909
May 11, 2010

Florida Department of State Division of Corporations

To Whom It May Concern:

Enclosed is a check for \$183 75, the balance for reinstatement and the issuing of one current Certificate for the Church listed above.

Kindly sent all future responses and or correspondence to the above address which is the permanent address of this Church.

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