


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700 000001448

1. Corporation Name

FIRST ORLANDO MISSIONARY BAPTIST CHURCH, INC.

WOU-43379

2. Principal Office Address

6330 MOORE STREET

Suite, Apt. #, etc.

N/A

City & State

ORLANDO, FLORIDA

Zip

32808

Country

USA

3. Mailing Office Address

6330 MOORE STREET

Suite, Apt. #, etc.

N/A

City & State

ORLANDO, FLORIDA

Zip

32808

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3658030

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

FRANCK LEGER

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

6103 W. LIVINGSTON STREET

Suite, Apt. #, Etc.

N/A

City

ORLANDO

State

FL

Zip Code

32835

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

REGISTERED AGENT MUST SIGN

Date 11/17/2004

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
Vice President	CELITANT DUPAS	3218 CHOLLAWAY, ORLANDO	ORLANDO, FL 32808
Secre- tary	YVES DALTIUS	3107 C.R. SMITH STREET	ORLANDO, FL 32805
TREASU- RY	GELIS DELVA	3302 KNIGHT SBRIDGE RD	ORLANDO, FL 32818
MANA GER	ALAIN CASSAMAGER	1244 PINE HILLS RD	ORLANDO, FL 32802
PASTOR	FRANCK LEGER	6103 W. LIVINGSTON STREET ORLANDO, FL 32835	ORLANDO, FL 32835

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 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

Daytime Phone #

FILED

05 JAN -6 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CR2E081 (01/04)