

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 MAY 31 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000005763580--7
-06/12/02--01069--011
*****61.25 *****61.25

REINSTATEMENT 01-02

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N-00000001451</u>			
1. Corporation Name <u>ST. MARYS BAPTIST Church</u>			
2. Principal Office Address <u>917 GRANT AV.</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MT. DORA, FLA.</u>		City & State	
Zip <u>32757</u>	Country <u>LAKE</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

7. Name and Address of Current Registered Agent	
Name <u>BARTELL COLEMAN SR.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1626 CLARCONA RD.</u>	
Suite, Apt. #, Etc. <u>APOPKA, FLA. 32703</u>	
City	State FL
Zip Code	

000005763580--7
-06/12/02--01069--012
****236.25 ****236.25

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 <u>[Signature]</u>	Date <u>05/22/02</u>
REGISTERED AGENT MUST SIGN	

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
Pres.	BARTELL COLEMAN SR.	1626 CLARCONA RD.	APOPKA, FLA. 32703
Vice Pres.	DAVID McDUFFIE	9942 VARIETY TREE RD.	LEESBURG, FLA. 34188
Sec.	JOHN McDUFFIE	1820 N. ORANGE ST.	MT. DORA, FLA. 32757
Treas.	RAYMOND HARRIS	1811 N. HIGHLAN ST.	MT. DORA, FLA. 32757
			61.25 - AR
			236.25 - Adm

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: BARTELL COLEMAN SR. [Signature] 05/22/02 (321) 277-6673
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)