PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 11 MAR 14 AM 11:23
DOCUMENT # NOOOOC 1. Corporation Name  Sunset Harbor	Baptist Church, INC.	BEENET THE UT STATE TALLAHNISH IT FLORIDA
2. Principal Office Address - No P.O. Box # 9200 5. E. Sunset Hart. Suite, Apt. #, etc.	3. Mailing Office Address  WYRD - 7200 S.E. Sunset Harbo  Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 8-31-2000
City & State  Sammerfield, F1. 34491  Zip Country  3/4461  Addings 45A	City & State  Symmerfield, Fl 34491  Zip  Country  CUSA	5. FEI Number  57-3670002  Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Name  Pete Peters  Street Address (P.O. Box Number is Not Acceptable 144855.E.  Suite, Apt. #, Etc.  City Summerfield,	<del></del>	
Signature of Registered Agent	ove named corporation, am familiar with and accept the ob	Date <u>03-07-20//</u>
9. Names and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
Trustee Chery/ SK,	<b>\</b>	9 Ave. Belleview, Fl. 34420
Trustee Jewell Moble	24 8460 S.E. 13	2 Lane Summerfield, F1.34491
Trustee Martha F. Pe	terson 14485 S.E. 97	Ferr Summerfield, F1.3449V
Truster Oottie Brumn	1 9494 5.E. 149	4 Lane Summerfield, F134491
Trustee Danny Lewis	S 9775 S.E. 140	st. Summerfield, F1.34491
10. E-mail Address: Sunsetharbor Gembargmail. Com (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 507 or 517, 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #		

3/15