

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -7 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N00000005966*

1. Corporation Name

*Greater Macedonia Primitive  
Baptist Church, Inc.*

2. Principal Office Address

*607 Palmetto Street*

Suite, Apt. #, etc.

3. Mailing Office Address

*P.O. Box 1149*

Suite, Apt. #, etc.

City & State

*Bowling Green, Florida*

Zip

*33834*

Country

City & State

*Bowling Green, Florida*

Zip

*33834-1149*

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*Sept. 8, 2000*

5. FEI Number

*65-1040648*

☒ 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

*ELDER BERNARD WRIGHT*

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

*530 GROVE ST. P.O. Box 1427*

Suite, Apt. #, Etc.

City

*BOWLING GREEN*

State

*FL*

Zip Code

*33834*

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

*Elder Bernard Wright Pres./Director*

REGISTERED AGENT MUST SIGN

Date *10-01-03*

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
<i>Pres.</i>	<i>Elder Bernard Wright</i>	<i>530 Grove Street</i>	<i>Bowling Green, Fl. 33834</i>
<i>Vice Pres.</i>	<i>Dewayne Ross</i>	<i>4905 Dixiana Drive</i>	<i>Bowling Green, Fl. 33834</i>
<i>Tres.</i>	<i>Thelma Ross</i>	<i>4905 Dixiana Drive</i>	<i>Bowling Green, Fl. 33834</i>
<i>Sec.</i>	<i>Barbara Barnes</i>	<i>635 Orange Street</i>	<i>Bowling Green, Fl. 33834</i>

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

*Bernard Wright*  
*Bernard Wright President/Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-01-03*

Date

*863-375-4550*

Daytime Phone #

CR2E081 (10/02)