

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUN -7 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000006857

1. Corporation Name

Trine Missionary Baptist Church

2. Principal Office Address

1920 40th St NW

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33881

Country

Polk

3. Mailing Office Address

1920 40th St N.W

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33881

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3554550

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

Rev. Gregory R. Mason

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

3703 Coffman Road

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33881

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

Gregory Mason

REGISTERED AGENT MUST SIGN

Date *5/24/06*

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>President</i>	<i>Rev. Gregory Mason</i>	<i>3703 Coffman Rd</i>	<i>Winter Haven, FL 33881</i>
<i>Vice President</i>	<i>Telesia Mason</i>	<i>3703 Coffman Rd</i>	<i>Winter Haven, FL 33881</i>
<i>Secretary</i>	<i>Peggy Briggs</i>	<i>203 E. Main Ave</i>	<i>Dundee, FL 33838</i>
<i>Treasurer</i>	<i>Rev. Freddie Shanthorne</i>	<i>2862 Kay Worth Ct.</i>	<i>Barrow, FL 33830</i>
<i>D</i>	<i>Mary Mason</i>	<i>608 Myrtle St</i>	<i>Dundee, FL 33838</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 contained in Chapter 119, 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:

Rev. Gregory Mason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/24/06

Daytime Phone #

863-965-0929

Triune Missionary Baptist Church, Inc

1920 40th Street N.W. ~ Winter Haven, FL 33881

Phone (863) 965-0929

Reverend Gregory R. Mason, Pastor

May 25, 2006

To Florida Department of State division of corporation:

We Triune missionary Baptist church did not receive the 2003 report letter. Please waive the reinstatement fee.

Triune missionary Baptist church document number
N00000006875.

Thank you,

Sis. Felicia Mason, Church clerk