

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 FEB 25 AM 10:36

~~CORPORATION~~
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-02
468

DOCUMENT # NC000007702

1. Corporation Name

Lakeland's Community Faith Based Coalition, Inc.

2. Principal Office Address

115 W. 5th Street

Suite, Apt. #, etc.

3. Mailing Office Address

115 W. 5th Street

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33805

Country

Polk

City & State

Lakeland, FL 33805

Zip

33805

Country

Polk

4. Date Incorporated or Qualified To Do Business in Florida

11-20-2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Anthony

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

1236 N. W. Ave.

Suite, Apt. #, Etc.

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****306.25 ****306.25

City

Lakeland

State

FL

Zip Code

33805

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

John Anthony

REGISTERED AGENT MUST SIGN

Date 2-25-02

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 |
|----------------|-----------------------------------|--|-----------------------|
| President | John Anthony | 1236 N. W. Ave. | Lakeland, FL 33805 |
| Vice President | Bragg Turner | 3035 Terrace South | Tallahassee, FL 32312 |
| Director | Richard Huggins | 1601 Archers Path | Lakeland, FL 33805 |
| Director | Louis Carr | 575 Mt. East | Bradenton, FL 34208 |
| | | | |

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

2-25-02 (813) 682-0654

Date

Daytime Phone #

CR2E081 (9/01)