PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA
DOCUMENT # NO 1000007910 1. Corporation Name Trinity United Mothodist Church	09 MAY -1 AM 7: 38
2. Principal Office Address - No P.O. Box# 2. Mailing Office Address 2. Martin Lither K. Dr. D. Box 3508 Suite, Apt. #, etc.	700155142207 05/01/0901060025 **358.75 REINSTATEMENT 07-09
City & State N/A City & State Lake City, F1 32055 Lake City, F132056 Zip 32055 USA Suite, Apt. W, State City & State Country Cou	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 52-3756972 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 Very Vi	☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 REGISTERED AGENT MUST SIGN Date AVY, 29, 2009	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lease and the street Address of Each Officers and/or Directors Name of Street Address of Each Officer and/or Directors Name of Officers and/or Directors Street Address of Each Officer and/or Directors	City / State / Zip
V Joyce Tunsil 579 Wingat	e St. Lake City, Fl 32025
D Mark Philpst 276 NE Doster	1 11 11 11 11 11
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 filling	
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: SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Description 607.0401 or 617.0401, F.S., that all fees owed by the corporation for the	