

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN -2 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N01000008808

**1. Corporation Name**  
Shady Sea Missionary Baptist Church, Inc.

152 Alaska Brown Rd.

**2. Principal Office Address**

Suite, Apt. #, etc.

**City & State**

Crawfordville

**Zip**

32327

**Country**

USA

**3. Mailing Office Address**

152 Alaska Brown Rd.

Suite, Apt. #, etc.

**City & State**

FL

**Zip**

32327

**Country**

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
020531022

**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**  
Alaska Brown

**Street Address (P.O. Box Number is Not Acceptable)**  
152 Alaska Brown Rd.

Suite, Apt. #, Etc.

**City**  
Crawfordville,

**State**  
FL

**Zip Code**  
32327

400037579254  
06/02/04--01053--014 \*\*297.50

**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**

*Alaska Brown*

**Date** 5/31/2004

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
✓ S	Jean Spence	1143 Jeffrey Rd.	Tallahassee, FL 32312
✓ T	China Gray	3588 Spring Creek Hwy	Crawfordville, FL 32327
✓ P	Harley Gilbert	262 Emerald Acres Dr.	Crawfordville, FL 32327
T	Clyde Nichols	132 Appoloosa Rd.	Crawfordville, FL 32327
T	Mary Nichols	132 Appoloosa Rd.	Crawfordville, FL 32327

**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:**

*Alaska Brown*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

05/31/2004 850-926-3013

**Date**

**Daytime Phone #**

CR2E081 (01/04)