

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01371

1. Corporation Name

Unity Primitive Baptist Church, INC.

08 JUL 28 PH 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200132590962
07/09/08--01031--011 **245.00

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

6762 MITCHELL STREET

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip

33458

Country

USA

3. Mailing Office Address

6762 MITCHELL STREET

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip

33458

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

NOT APPLICABLE

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

CELESTINE SCOTT

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

6784 CHURCH STREET

Suite, Apt. #, Etc.

City

JUPITER,

State

FL

Zip Code

33458

☒ 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

Celestine Scott

Date

7-6-08

REGISTERED AGENT MUST SIGN

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
D	VANCE HARPER SR.	5739 HAVERHILL RD N	WEST PALM BEACH, FL, 33407
D	JOSEPH JACKSON	17674 CARVER AVE	JUPITER, FL ,33458
D	RUTH WILLIAMS	2200 N.AUSTRALIAN AVE APT 212	WEST PALM BEACH, FL, 33407
D	MATTHEW LEE DILLARD	6652 Church St	Jupiter FLA

400133969954

08/05/08--01005--003 **70.00

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:

Vance Harper Sr. VANCE HARPER SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 3, 2008 (561)478-8382

Date

Daytime Phone #

7/29aw