PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 FEB 26 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02C000000[illegible]

1. Corporation Name

Union Baptist Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Shaw Charlie	P.O. Box 229
Suite, Apt. #, etc. 74 Shaw Lane	Suite, Apt. #, etc.
City & State Quincy, FL	City & State Quincy, FL
Zip 32353 Country Gadsden	Zip 32353 Country Gadsden

CR2E031 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 12-31-01

5. FEI Number 59-3149818 ☐ 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: Charlie H. Shaw / 74 Shaw Lane

Street Address (P.O. Box Number is Not Acceptable): ~~[illegible]~~ 74 Shaw Lane

Suite, Apt. #, Etc.:

City: Quincy State: FL Zip Code: 32352

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seeshaw@tds.net

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: Charlie H. Shaw Date: _____
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
GS.	Charlie H. Shaw	P.O. Box 8	Quincy, FL. 32353
	[illegible]		
		N/A	

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Charlie H. Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #