


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000005251
1. Corporation Name
Faith Tabernacle Missionary Baptist Church

2. Principal Office Address 1629 S.E. Hawthorne Road		3. Mailing Office Address Same	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Gainesville, FL.		City & State Same	
Zip 32641	Country Alachua	Zip Same	Country Same

REINSTATEMENT *03-16*

4. Date Incorporated or Qualified To Do Business in Florida **July 11, 2002**

5. FEI Number **593297886**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Rev. Ruby Davenport**

Street Address (P.O. Box Number is Not Acceptable) **1228 S.E. 19th Street**

Suite, Apt. #, Etc. **N/A**

City **Gainesville** State **FL** Zip Code **32641**

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 *Ruby Davenport* 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
P	Rev. Andrew McRae, Sr.	113 N.E. 20th Street	Gainesville, FL. 32641
C	Deacon Lawrence Brown	900 S. 14th ST.	Palatka, FL. 32177
S	April Rawles	8001 S. W. 13th Road	Gainesville, FL. 32607
D	Rev. Ruby Davenport	1228 S.E. 19th Street	Gainesville, FL. 32641
T	Thomas Quarles	400 N.W. 1st Ave. #103	Gainesville, FL. 32601

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: *Ruby Davenport* **Ruby Davenport** Date _____ 352-372-0024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

K. Eckel SEP 12 2006