

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


11 FEB 11 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/11/11--01028--010 ***367.50

REINSTATEMENT 09-11

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000008960

1. Corporation Name

New Tabernacle Baptist Church No. 2, Inc

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

150 E. Johnson Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip

32514

Country

Escambia

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/13/2006

5. FEI Number
59-3094200

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
David Blackman

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

Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32534

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 David Blackman
REGISTERED AGENT MUST SIGN

Date 2-5-2011

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
PD	Blackman, David	424 Ronda St.	Pensacola FL 32534
SD	Ball, Charlene	8561 Vickie St.	Pensacola FL 32514
TD	Haymon, May C.	109 State St.	Pensacola FL 32506

10. E-mail Address: cargru1@cox.net

(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: David Blackman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-2011

Date

Daytime Phone #

aligned