

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 17 AM 8:41

DOCUMENT # N02000009856

1. Corporation Name

Trinity Spiritual Freewill Baptist Church

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address

1941 Lavon Street

Suite, Apt. #, etc.

City & State

Lakeland, FL.

Zip
33805

Country
Polk

3. Mailing Office Address

1941 Lavon Street

Suite, Apt. #, etc.

City & State

Lakeland, FL.

Zip
33805

Country
Polk

4. Date Incorporated or Qualified
To Do Business in Florida

5. EEL Number

76-0720723

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

John W. Smith

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

1941 Lavon Street

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33805

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

John W. Smith
REGISTERED AGENT MUST SIGN

Date July 5th, 2006

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	John W. Smith	1941 Lavon Street	Lakeland, FL. 33805
S	Geraldine Young	1941 Lavon Street	Lakeland, FL. 33805
T	Myrtle R. Smith	1941 Lavon Street	Lakeland, FL. 33805
D	Novetta Jackson	1941 Lavon Street	Lakeland, FL. 33805
D	Chester English	1941 Lavon Street	Lakeland, FL. 33805

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:

John W. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07-05-06 863-7385364

Daytime Phone #