PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 14 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009904

1. Corporation Name
Progressive Missionary and Educational Baptist State Convention Community Development Corporation, Inc

2. Principal Office Address	3. Mailing Office Address
1010 West Olive Street	P O Box 1622
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33802 / Country: Polk	Zip: 33802 / Country: Polk

4. Date Incorporated or Qualified To Do Business In Florida: 12/27/02

5. FEI Number: 20 2704391 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Wallace Z Bowers

Street Address (P.O. Box Number is Not Acceptable): 8306 Fir Drive

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Suite, Apt. #, Etc.:

City: Tampa | State: FL | Zip Code: 33619

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 _____ 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)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SANDERS, N. S. REV. DR	1130 N. WEBSTER STREET	LAKELAND, FL 33805
D	TAYLOR, C. R.	55 CENTER STREET	WINTER GARDEN, FL 34787
SD	PIERCE, J. J. REV. SR	P. O. BOX 2308	LAKE WELLS, FL 33859
DVT	SIMS, W. D. REV.	3708 E. LAKE AVENUE	TAMPA, FL 33610
D	BARNUM, JOEL	4008 E HENRY STREET	TAMPA, FL 33610
D	BOWERS, WALLACE Z.	8306 FIR DRIVE	TAMPA, FL 33619

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 under section 119.07(3)(i), 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: _____ 6/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (01/05)