PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION FLOR REINSTATEMENT   |                     | Secretar                                    | ORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations |           | DIVISION OF CORPORATIONS  08 JAN -2 PM 12: 25  |  |
|--|---------------------|---|---|-----------|--|--|
| DOCUMENT # ೧០૩೦೦೦೦ 1 6 1 4  1. Corporation Name  Greater First Baptist Church of Cantonment, Florida, Inc.   |                     |   |   |           | BJ//08 RE:: 13551460 01/02/08-01034-011 **420.00   |  |
| 2. Principal Office Address 591 Booker   |                     | 3. Mailing Office Address<br>591 Booker St. |   |           | CR2E081 (1/07)   |  |
| Suite, Apt. #, etc.  |                     | Suite, Apt. #, etc.                         |   |           | 4. Date Incorporated or Qualified  |  |
| City & State Cantonmen   | t, Florida          | City & State Cantonment, FL                 |   | ,         | To Do Business in Florida  5. FEI Number  Applied For  Not Applicable  |  |
| <sup>Zip</sup> 32533   | country<br>Escambia | <sup>Zip</sup> 32533                        | Escamb  | ia        | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status   |  |
| Street Address (P.O. Box Number is Not Acceptable)  210 WAShing for Street  Suite, Apt. #, Etc.  City Anton ev FL 32,533  8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the company of the street agent of the above named corporation, am familiar with and accept the company of the street agent of the above named corporation, am familiar with and accept the company of the street agent of the above named corporation, am familiar with and accept the company of the street agent of the above named corporation, am familiar with and accept the company of the street agent of the above named corporation.                         |                     |   |   | <i>13</i> | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. |  |
| Signature of Registered Agent Date 12:11-07 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 Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip  |                     |   |   |           |  |  |
|  |                     |   | 3 LAGO VI   |           |  |  |
| KACA ERNEST STRONG   |                     |   | Booken  | st.       | Compariment H 32533  |  |
| Touske Josh Womack   |                     |   | Washing   | ks4 St    | Cantonment H 32533   |  |
| Descar Franklin Williams   |                     |   | 5 they  | 97        | Cantomat H 32833   |  |
| Tuske 8110 Price Stacet  |                     |   | 8110 Price Street   |           | Cantonnest 7132533   |  |
| Thuston L.W. Stonewall   |                     |   | 4 Musco   |           | Rd Contonment 71 325 33  |  |
| 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 filling 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:    12 |                     |   |   |           |  |  |