

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

06 JUL 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO3000003480**

1. Corporation Name

St. Matthew Missionary Baptist Church, Inc

2. Principal Office Address

15712 NW 140th St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1088

Suite, Apt. #, etc.

City & State

Alachua, Florida

Zip

32615

Country

Alachua

City & State

Alachua, FL

Zip

32616

Country

Alachua

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

4/23/03

5. FEI Number

59-2908831

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ISAAC J. Miles Sr.

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

25565 W Newberry Rd

Suite, Apt. #, Etc.

City

Newberry

State

FL

Zip Code

32669

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/11/06

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
D	ISAAC J. Miles Sr.	25565 W Newberry Rd	Newberry, FL 32669
D	James Robinson	P.O. Box 1088	Alachua, FL 32616
D	Velma Edwards	P.O. Box 1088	Alachua FL 32616

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:

[Signature] **ISAAC J. Miles Sr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/06

Daytime Phone #

386-462-2205

7/24
AW