


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		FILED 09 DEC 23 PH 4: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA <div style="border: 1px solid black; padding: 5px; text-align: center;">300163301743 12/04/09--01004--004 **235.25 CR2E081 (11/09)</div>	
DOCUMENT # <i>N03000009747</i>			
1. Corporation Name <i>Israel United Missionary Baptist Church, Inc</i>			
2. Principal Office Address - No P.O. Box # <i>6901 N. Main St.</i>	3. Mailing Office Address <i>6901 N. Main St.</i>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State <i>Jacksonville, Florida</i>	City & State		
Zip <i>32208</i>	Country <i>USA</i>		
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <i>200549889</i>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent		<input checked="" type="checkbox"/> 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. <div style="text-align: center;">300163301743 12/09/09--01002--024 **9.75</div>	
Name <i>Eugene L. White</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>350 Champion Ct.</i>			
Suite, Apt. #, Etc.			
City <i>Orange Park</i>	State FL		
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.		Date <i>11/30/09</i>	
Signature of Registered Agent <i>Eugene L. White</i> 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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	White, Audrey	350 Champion Ct.	Orange Park, Fl. 32073
D	Stafford, Lawrence	3334-1 Bills Rd.	Jacksonville, Fl. 32207
D	Coleman, Vernita	1063 Seattle Stew Ln.	Jacksonville, Fl. 32218
D	White, Eugene	350 Champion Ct.	Orange Park, Fl. 32073
<div style="display: flex; align-items: center; justify-content: center;"><div style="font-size: 2em; font-weight: bold; margin-right: 10px;">REINSTATEMENT</div><div style="font-size: 2em; font-weight: bold;">04-09</div></div>			
10. E-mail Address: _____ <small>(To be used for future annual report notification)</small>			
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., 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.			
SIGNATURE: <i>Eugene L. White</i>		Date <i>11/30/09</i>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			