From Lillie Mu... PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 002/002

APPROVED AND FILED

06 JUL 13 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO3883

1. Corporation Name

FRIENDSHIP BAPTIST CHURCH OF DAVENPORT,INC.

REINSTATEMENT 94-06

CR2E081 (12/05)

W06000029206

2. Principal Office Address	3. Mailing Office Address
310 43RD STREET	P.O. BOX 1158
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DAVENPORT, FLORIDA	DAVENPORT, FLORIDA
Zip 33836 Country POLK	Zip 33836 Country POLK

4. Date Incorporated or Qualified To Do Business In Florida: 06/25/1984

5. FEI Number: 050144700 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: WALTER STAMP

900077659209
07/20/06--01004--014 **971.25

Street Address (P.O. Box Number is Not Acceptable): 310 43RD. STREET

Suite, Apt. #, Etc.

City: DAVENPORT State: FL Zip Code: 33836

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: Walter Stamp Date: 6-21-06

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
TD	WALTER STAMP	310 43RD. STREET	DAVENPORT, FL. 33836
VD	CORNELIOUS SHEPHERD	102 43RD STREET	DAVENPORT, FL. 33836
PD	CARL PHILLIPS, REVEREND	6741 POMEROY CIRCLE	ORLANDO, FL. 32810
SD	JOHN L. BLAND	107 E. FULLER STREET	DAVENPORT, FL. 33836
D	CHARLES A. CHRISTIAN	247 BATTLEGROVE DRIVE	DAVENPORT, FL. 33837
D	MELVIN CLARK	546 SAVANNAH ROAD	DAVENPORT, FL. 33897

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: Walter Stamp WALTER STAMP 6-21-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/19 gw