

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO4000008031**

1. Corporation Name
San Pedro Baptist Church, Inc

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 10 MAR 29 AM 10:10

2. Principal Office Address - No P.O. Box #
4420 San Pedro Rd

3. Mailing Office Address
PO Box 1794

Suite, Apt. #, etc.

City & State
Perry FL

City & State
Perry FL

Zip Country
32347 Taylor

Zip Country
32348 Taylor

4. Date Incorporated or Qualified To Do Business in Florida
08/16/2004

5. FEI Number
59-3173780

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Taylor, Nina

Street Address (P.O. Box Number is Not Acceptable)
2677 E. Ellison Rd

Suite, Apt. #, Etc.

City State Zip Code
Perry FL 32348

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.

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 _____ **200173380522**
 REGISTERED AGENT MUST SIGN **03/29/10** ^{Date} **01006-016** ****192.50**

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	John Padgett	270 McKinley-Maddox Rd.	Perry, FL 32348
D	George Taylor	2677 E. Ellison Rd.	Perry, FL 32348
D	Jim Jackson	2795 Ward Rd	Perry, FL 32348
S/T	Nina Taylor	2677 E. Ellison Rd.	Perry, FL 32348

REINSTATEMENT
CC 08-10

10. E-mail Address: _____
(To be used for future annual report notification)

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: **Nina Taylor / Nina Taylor Treas/Sec** **03-29-10** **850-584-3581**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #