

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -1 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000003439

1. Corporation Name

St. Stephen Baptist Church Inc.

2. Principal Office Address - No P.O. Box #

4201 ALMEDA ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32209

Country

USA

3. Mailing Office Address

PO BOX 14818

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32238

Country

USA

700128012657
05/01/08--01008--026 **131.25

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/30/2005

5. FEI Number

352252325

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

L. M. DEXTER, II

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

PO BOX 14818 6897 Ridge Ave

Suite, Apt. #, Etc.

City

JACKSONVILLE, FLORIDA

State

FL

Zip Code

32238

☒ 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

REGISTERED AGENT MUST SIGN

Date 4/30/08

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
P/CEO	PASTOR, L. M. DEXTER, II	6897 RIDGE AVE	JACKSONVILLE, FLORIDA
D/T	ARNETT LOVE	4231 W 22ND ST	JACKSONVILLE, FLORIDA
D/T	ALISHA WILLIAMS- DEXTER	6897 RIDGE AVE	JACKSONVILLE, FLORIDA
D/T	ULYSESS PERRY	7340 GRANT AVE	JACKSONVILLE, FLORIDA

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/08