

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N05065*

1. Corporation Name

*FELLOWSHIP BAPTIST CHURCH OF PINELLAS
COUNTY, INC.*

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

1458 ADMIRAL WOODSON LN.

Suite, Apt. #, etc.

1458 ADMIRAL WOODSON LN.

City & State

CLEARWATER -- FL.

Zip

33755

Country

PINELLAS

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Same

Zip

SAME

Country

REINSTATEMENT 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9-10-84

5. FEI Number

592529105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

*5975 Additional fee required
for a Certificate of Status*

7. Name and Address of Current Registered Agent

Name

RONALD H. BURNS

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

8377 CR 641

Suite, Apt. #, Etc.

City

BUSHNELL

State

FL

Zip Code

33513

☒ 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

Ronald H. Burns
REGISTERED AGENT MUST SIGN

Date *4-30-07*

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
<i>PASTOR / PRES</i>	<i>RONALD BURNS</i>	<i>8377 CR 641</i>	<i>Bushnell FL 33513</i>
<i>TRUSTEE</i>	<i>DONALD LAYNE</i>	<i>2738 Roosevelt</i>	<i>APT. CLEARWATER FL 33760</i>
<i>SECT / CLERK</i>	<i>Cecilia Sellers</i>	<i>1247 S. M.L. King AVE. #360</i>	<i>CLEARWATER FL 33756</i>

100103125084
*05/23/07-01045-016 **122.50*

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:

Ronald H. Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

532-428-1133

Daytime Phone #