

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

09AR
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -9 PM 3: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08000002760**

1. Corporation Name **St. Luke Missionary Baptist, Inc.**
6631 Pine Ave.
Flemming Island, FL 32003

2. Principal Office Address - No P.O. Box #
6631 Pine Ave.

Suite, Apt. #, etc.

3. Mailing Office Address
6631 Pine Ave

Suite, Apt. #, etc.

City & State
Flemming Island,

Zip Country
32003 Clay

City & State
Flemming Island

Zip Country
32003 Clay

100156952561
06/09/09--01040--008 **70.00

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida **3/19/2008**

5. FEI Number **59-368456** 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 **Gustine S. Mathis**

Street Address (P.O. Box Number is Not Acceptable)
6605 Pine Ave.

Suite, Apt. #, Etc.

City **Flemming Island**

State Zip Code
FL 32003

☐ 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 **Gustine S. Mathis**

REGISTERED AGENT MUST SIGN

Date **5/26/2009**

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
CD	Thomas Mathis	6605 Pine Ave.	Flemming Island 32003
D	Florence Payne	1861 Weston Cir.	Flemming Island, FL
S	Gustine Mathis	6605 Pine Ave.	Flemming Island, FL
T	Monette Johnson	4545 Longleaf Ct.	Orange Park, FL 32003
CD	Sherman James	2815 Newcastle Dr.	Orange Park, FL 32067

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: **Gustine S. Mathis / Gustine S. Mathis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/2009
Date

Daytime Phone #