

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
FILED

14 MAY 23 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N10-3711  
1. Corporation Name  
Gettsemane M.B. Church

2. Principal Office Address - No. P.O. Box #  
302 Wallis Street  
Suite, Apt. #, etc.

3. Mailing Office Address  
302 Wallis Street  
Suite, Apt. #, etc.

CR2E081 (11/10)

City & State  
Tallahassee  
Zip  
32301

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Tallahassee  
Zip  
32301

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number 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  
Annette Washington  
Street Address (P.O. Box Number is Not Acceptable)  
2427 Brookhaven Ct  
Suite, Apt. #, Etc.  
Tallahassee FL 32311  
City State Zip Code  
FL

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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 Annette Washington Date April 29, 2014  
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
Pres.	Leonard Inge, Chairman	<u>3009 Lyndon Dr.</u>	<u>Talla, FL same as corp</u>
Sis.	Sharon Jefferson, Chair	<u>Silver Maple Dr</u>	<u>Talla, FL "</u>
Rev.	George Proctor, Pastor	<u>Capitola</u>	<u>Talla, FL "</u>
Sis.	Annette Washington, Trustee	<u>2427 Brookhaven Court</u>	<u>Talla, FL "</u>

10. E-mail Address: gettsemane@embargo@mail.com  
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  
SIGNATURE: Annette Washington Date April 29, 2014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR