

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

Gethsemane 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.

City & State

Tallahassee

Zip Country

32301

City & State

Tallahassee

Zip Country

32301

CR2E081 (11/10)

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

City State Zip Code

FL

900260557409

05/23/14--01032--002 **297.50

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

REGISTERED AGENT MUST SIGN

Date **April 29, 2014**

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
Dec.	Leonard Inge, Chairman	3009 Lyndon Dr.	Tallahassee, FL same as corp
Sis.	Sharon Jefferson, Chair	Silver Maple Dr.	Tallahassee, FL "
Rev.	George Proctor, Pastor	Capitola	Tallahassee, FL 11
Sis.	Annette Washington, Trustee	2427 Brookhaven Court	Tallahassee, FL 11

10. E-mail Address: **Gethsemane@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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2014

Date

Daytime Phone #