PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 FEB 15 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13000006357

1. Corporation Name
St. Mary Primitive Baptist Church of Tallahassee, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
454 west Call Street	Post office Box 10165
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32301 Country:	Zip: 32302 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 7/16/13

5. FEI Number: 46-3271761 ☐ 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: Brenda Washington
Street Address (P.O. Box Number is Not Acceptable): 2207 Mendoza Avenue
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32304

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REINSTATEMENT
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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: Brenda A Washington Date: 2-15-18
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
Trustee	Albert Ponderter	850 Dover St.	Tallahassee FL 32304
"	Fred Stokes	2269 Nannas Loop	Tallahassee, FL 32308
"	Gloria Bells	2108 Foster Avenue	Tallahassee, FL 32303
"	Gloria Sullivan	3207 Ridge Road	Tallahassee, FL 32305
"	Harriet Bryant	1718 Perry St	Tallahassee, FL 32310
"	Gail Browning	195 Hilltop Drive	Midway FL, 32343
"	Elmer Crump	2614 Pasco Street	Tallahassee, FL 32310
"	Eddie Simmons	912 Macasin Cir	Havana, FL 32333

10. E-mail Address: bwashington37@Comcast.Net
(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: Albert Ponderter 2-15-18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEB 15 2018