

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 MAR 22 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N1300000 7014

1. Corporation Name

THE CORNERSTONE Baptist Church  
Incorporated of Tallahassee

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

2810 SHARER #29

Suite, Apt. #, etc.

3. Mailing Office Address

4272 Cool Emerald Dr

Suite, Apt. #, etc.

City & State

Tall. FL.

City & State

Tall. FL.

Zip

32312

Country

U.S.

Zip

32303

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

6/07/13

5. FEI Number

N13000007014

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

Chris Davis Craig P. Riley Sr.

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

4272 Cool Emerald Dr.

Suite, Apt. #, Etc.

Tall. FL 32303

City

Tall.

State

FL

Zip Code

32303

FL.

900283671279  
03/23/16--01002--001 \*\*358.75

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

Craig P. Riley Sr.

REGISTERED AGENT MUST SIGN

Date 3/22/16

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
TREA	Chris Davis	2810 SHARER Rd #29	Tall. FL. 32312
Br	Gloria Washington	2810 SHARER Rd #29	Tall. FL. 32312
Pres.	Angelia Nathaniel	2810 SHARER Rd #29	Tall. FL. 32312
Vic	Kathrina Boone	2810 SHARER Rd #29	Tall. FL. 32312
Sec	Dedra Ford	2810 SHARER Rd #29	Tall. FL. 32312

**REINSTATEMENT**

MAR 22 2016

10. E-mail Address: 3082nfulmer@gmail.com

R. HUNT

(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:

Craig P. Riley Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/16 850-241-8814

Date

Daytime Phone #