PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORFORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 11 14 480	FILED 12 OCT I AM 9: 34 SEGMENTAL OF STATE
Coreater St James Missionary Baptist Church, Inc.	TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 905 M. 24th St. 905 Ath 24th St. Suite, Apt. #, etc.	CR2E081 (11/10)
Suite, Apr. #, etc.	4. Date Incorporated or Qualified 8 22 19 86
City & State	5. FEI Number 59 - 2721991 sepplied For the policy of Applicable
34950 USA 34950 USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)	OCT 1 2 201 2
Suite, Apt. #, Etc.	T.SCOTT 40024U725194 10/11/1201020003 **61.25
State Sup Code FL 3 FL 3LHUM	
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 Date Date Date Date Date Date Date Dat	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zip
CHEH Paul A. Roberts 2009 SE Madi	son & Shurt, FC 34997
vette Vinson Carithers Ir. 1401 Emerald	Terroce Fort Pierce, Fl 3490
Sec. Linda Carithess. 1401 Enteald ?	ierrace fort Pierce, FL34950
Trea Connie william 2000 dander B	Juditio fort Pierce, 923/92
Bir. Andrew Bxrd. 3409 Ave O	fort Pierce FL 34947
Please see attached of remaining wheretou	
10. E-mail Address: Coilliam To William To On (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 reinstalement 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 peld. 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. Lem aware that false information submitted in a document to title Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

Article IV. The first bylaws of the corporation shall be adopted by the board of directors and may be amended, altered or rescinded by the board of directors in the manner provided by such bylaws.

Article V The names, addresses, and titles of Officers / Directors are:

• PAUL ROBERTS
2009 S.E. Madison Street
Stuart, FL 34997

• VINSON CARITERS, JR.
1401 Emerald Terrance
Fort Pierce, FL 34950

• LINDA CARITHERS
1401 Emerald Terrance
Fort Pierce, FL 34950

SECRETARY/ CLERK

• CONNIE WILLIAMS
2050 Oleander Blvd., #11-104
Fort Pierce, FL 34950

TREASURER

• ROSA JOHNSON
5305 NW Nassau Lane
Port St. Lucie, FL 34983

• FRED WILLIAMS
P.O. Box 992
Fort Pierce, FL 34954

• JESSIE GIBSON
1601 Avenue M
Fort Pierce, FL 34947

• ANDREW BYRD
3409 Ave O
Fort Pierce, FL 34947

• LARRY PLATT
1411 Juanita Ave.
Fort Pierce, FL 34954

Article VI The name and address of the **Initial Registered Agent** is as follows:

LINDA CARITERS 1401 Emerald Terrance Fort Pierce, FL 34950