

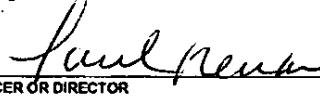


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N16566			
1. Corporation Name CHRIST TABERNACLE MISSIONARY BAPTIST CHURCH, INCORPORATED			
2. Principal Office Address 2335 DAVIS ST Suite, Apt. #, etc.		3. Mailing Office Address 2335 DAVIS ST Suite, Apt. #, etc.	
City & State JAX FLA		City & State JAX FLA	
Zip 32209	Country DUVAL	Zip 32209	Country DUVAL
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 2000000 593021197	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name TERRENCE L. IVEY, ESQUIRE			
Street Address (P.O. Box Number is Not Acceptable) 1650 ART MUSEUM DRIVE, SUITE 17			
Suite, Apt. #, Etc.			
City JACKSONVILLE		State FL	Zip Code 32207
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 3/2/05	
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
P	JOHNSON, Walter	6637 IOSA DR	JACKSONVILLE FLA 32211
DT	BYRD, James	6330 POSTWIND DR	JACKSONVILLE FLA 32208
D	ELLIOTT, CHATMAN	2125 N. PEARL ST.	JACKSONVILLE FLA 32206
D	NEWMAN, Paul	3017 SATURN AV	JACKSONVILLE FLA 32209
			100049646481
			04/01/05--01007--013 **360.00
10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: PAUL NEWMAN  2-15-05 904 568-2353			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			

FILED

05 MAR 22 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

CR2E081 (01/05)

T. Roberts MAR 29 2005