

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 29 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18104

1. Corporation Name
Saint Matthews Missionary
Baptist Church, Inc.

2. Principal Office Address
3724 Main Street
Suite, Apt. #, etc.

3. Mailing Office Address
Post Office Box 1013
Suite, Apt. #, etc.

City & State
Sanford, FL

City & State
Sanford, FL

Zip Country
32771 US

Zip Country
32772-1013 US

4. Date Incorporated or Qualified
To Do Business in Florida 12/05/1986

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
Earnest Brown
Street Address (P.O. Box Number is Not Acceptable)
3812 Colmart Street
Suite, Apt. #, Etc.
City
Deltona
State
FL
Zip Code
32738

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 Earnest Brown Date 5/23/03
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
POC	Leonard L. Wilson	1704 West 9th Street	Sanford, FL 32771
SO	Theodore Davis	615 East 3rd Street	Sanford, FL 32771
D	Samuel Martin	101 Academy Avenue	Sanford, FL 32771
D	Earnest Brown	3812 Colmart Street	Deltona, FL 32738
D	Irene Johnson	1428 Harding Avenue	Sanford, FL 32771

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: Samuel Martin Date 5/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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