

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -3 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 18594

1. Corporation Name

FRIENDSHIP MISSIONARY BAPTIST Church
OF CARVER City, INC

2. Principal Office Address

4301 W. Cypress St

Suite, Apt. #, etc.

City & State

Tampa

Zip

33607

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1986

5. FEI Number

592679160

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-06

7. Name and Address of Current Registered Agent

Name

Lillie Calhoun

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

3130 W. Lambright St.

Suite, Apt. #, Etc.

#524

City

Tampa

State

FL

Zip Code

33614

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

Lillie Calhoun Secretary

Date

12/26/06

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
C	Gertrude Williams	4323 NASSAU ST.	Tampa, FL 33607
D	MARSHALL Golden	5310-E 20th AV	Tampa, FL 33619
S	Lillie Calhoun	3130 W. Lambright St #524	Tampa, FL 33614
T	Joyce McNeal	8301 Ash AV	Tampa, FL 33619

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 contained in Chapter 119, 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:

Lillie Calhoun Lillie Calhoun Secretary 12/26/06 813-933-0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #