

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22270

1. Corporation Name

PLEASANT GROVE MISSIONARY BAPTIST CHURCH OF ST.  
PETERSBURG, FLORIDA, INC.

Principal Place of Business

Mailing Address

2550 NINTH AVENUE SOUTH  
ST. PETERSBURG FL 33712  
US

2550 NINTH AVENUE SOUTH  
ST. PETERSBURG FL 33712

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/1987

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
D	HAYWARD, MCKINLEY	5234-9TH STREET SOUTH	ST. PETERSBURG FL
D	NEWKIRK, NATHANIEL	2510 AUBURN STREET SOUTH	ST. PETERSBURG FL
D	BOSWELL, COMER	5535 21ST STREET SOUTH	ST. PETERSBURG FL
D	CURRY, MORRIS	1662 - ALCAZAR WAY SOUTH	ST. PETERSBURG FL
D	SAWYER, WILLIE	2323 23RD AVENUE SOUTH	ST. PETERSBURG FL
D	MONROE, KATHERYN L.	4931 HIGHLAND STREET S. 4408 7th St. S.	ST. PETERSBURG FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, I.W.

2406 MARTIN LUTHER KING STREET SOUTH  
SAINT PETERSBURG FL 33705

Name

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

Suite, Apt. #, Etc.

City

900002792389-6

03/02/99-01065-021

\*\*\*\*\*8.75 \*\*\*\*\*8.75

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

I.W. Williams

REGISTERED AGENT MUST SIGN

Date

2/3/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax)

12. 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.

Katheryn L. Monroe

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

(727)327-5669