

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N30979**

1. Corporation Name

ST. ANDREW MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

2600 W 45TH ST
JACKSONVILLE FL 32209

2600 W 45TH ST
JACKSONVILLE FL 32209

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

[Handwritten signature]

FILED

05 APR 21 PM 3:47

SECRET
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-05

4. Date Incorporated or Qualified To Do Business in Florida		03/03/1989
5. FEI Number	59-2469480	Applied For
		Not Applicable
6. <input type="checkbox"/> 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	4 City / State / Zip
P	COLEMAN, A.B.	2600 W 45TH ST	JACKSONVILLE FL 32209
S/D	NICKERSON, ANDRENA C	3146 WOODLAWN RD	JACKSONVILLE FL 32209
D	FUCE, LESLIE B.	3535 DIVISION STREET	JACKSONVILLE FL 32209
D	BRYANT, RALPH C.	9218 DEVONSHIRE BLVD.	JACKSONVILLE FL 32208
D	CAMPBELL, CHRISTINA L.	5918 LUSAID DRIVE	JACKSONVILLE FL 32209

400055329614
05/25/05--01038--027 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BIVINS, BURNEY 1543 KINGSLEY AVE SUITE-18-B ORANGE PARK FL 32073	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc. 400055329614	
	City 05/25/05--01038--028 **183.75	
City	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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* Date 4/19/05
REGISTERED AGENT MUST SIGN

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 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: *A.B. Coleman* A.B. Coleman Date 11/16/02 Daytime Phone # 9047680507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2040 (8/02)