PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JAN 12 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 04-07

CR2E081 (12/05)

DOCUMENT # N32169

1. Corporation Name

CHURCH OF GOD OF SAINT PETERSBURG INC.

2. Principal Office Address	3. Mailing Office Address
3300 22ND AVE S	PO BOX 10722 ST PETERSBURG FL 33733
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG FL	City & State: ST PETERSBURG FL
Zip: 33711 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/8/89

5. FEI Number: 650121089 ☐ 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

000085843280
01/23/07--01020--025 **43.00

Name: GARY L GRAY

000085843280
01/23/07--01020--024 **8.75

Street Address (P.O. Box Number is Not Acceptable): 852 SOTH AVE S

Suite, Apt. #, Etc.:

City: ST PETERSBURG State: FL Zip Code: 33705

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: Gary L Gray — REGISTERED AGENT MUST SIGN — Date: 1/10/07

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
PRES	TROY T JONES	2321 11TH ST S	ST PETERSBURG FL 33705
CHAIR	GARY L GRAY	852 SOTH AVE S	ST PETERSBURG FL 33705
TRES	MORRIS J NIBLACK	1224 3RD ST N	ST PETERSBURG FL 33701
SEC	MARSHALL FAULK	P.O. BOX 16742	ST. PETERSBURG FL 33733
SEC	VERONICA MARTIN	2867 51ST AVE. SO	St. Petersburg FL. 33712
VICE PRES.	Octavia Jones	2321 11th St. So.	St. Petersburg, FL. 33705

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: Gary L Gray — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/10/07 Date — 727-639-2694 Daytime Phone #

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