PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT					TMENT OF STATE by of State corporations	OG FEB 22 AM 11: 42 TALLATIASSEE, FLORIDA				42	
DOCUMENT # N39077 1. Corporation Name								"MSSEE, F	LORIDA	′<	
Gospel Tabernacle of Plant City, Florida, Inc.											
			3. Mailing Office Address 801 Wilkins Avenue			CR2E081 (8/05) CR2E081 (8/05) FFB 2 3 200					
Suite, Apt. #, etc. Suite. Apt. #,				elc.		4. Date Incom	orated or	Qualified	FFB	5 3 Steno	
City & State Plant (City & State Plant City			5. FEI Number Applied For Not Applicable							
^{Zip} 33563	63 Country Hillsborough		33563		Country Hillsborough	6. CERTIFICATE	S8.75 Addition for a Certific			ee required	
7. Name and Address of Current Registered Agent											
	RICHARD E Street Address (P.O. Box N 1417 Pine	200066878322 03/01/0601008003 ***420 00									
	Chy Valrico							Zip Code 33594	·		
8. 1, 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 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 Officers and/o			·	City / State / Zip						
chairperson	Pastor Richard Callins			1417 Piney Branch Circle			Valrico, FL 33594				
Vice Chairperson	Elder Anthony Holmes			1504 Gotham Court			Plant City, FL 33563				
Secretary	Sister Priscilla Holmes			1504 Gothham Court			Plant City, FL 33563				
Treasurer	Deacon Curtis Fluellen			304 S. Franklin Street			Plant City, FL 33563				
Director	Elder Samuel Stevenson			1008 S. Broad Street			Plant City, FL 33563				
Diréctor	Deacon Jeffrey Ruth				1105 W. Madison Street			Plant City, FL 33563			
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 filling 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: Juhand G. Callins 1-31-06 (83) 571-1470 SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #											