PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 05 JUN 29 PM 1:55
DOCUMENT # W 49534 1. corporation Name Providence Baptist Church INC. Of Tallahassee, fl		SEUNLIARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 1901 Itillsboroughst	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	REMSTATEMENT 96-05
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
Tallahassee, FL	Tgilahassee, fl	5. FEI Number Applied For 59-3018111 Not Applicable
32310 Leon	32310 Country Leon	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 321751m Lee Rd Suite, Apt. #, Etc. City		
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 W. W. W. W. W. Date June 27, 2005 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 Eac Officer and/or Directo	
trustee Maxwell Verry	a 287 Whether bine	way East Tallahassee Fl 32301
trustee Michael Kuma	ins 3433 Sunnyside	
Pastor Walter W. Mc Don	ald 3217 Jim La Rd	Tallahussee, FL 32301
	A) J	6729/0501060002 **612.50
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 account and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desymmetric Date of 17, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution as provided for in chapter 607 or 617, F.S. I that differ for formation as provided for in chapter 607 or 617, F.S. I that differ for formation as provided for in chapter 607, O.401 or 617, O.401 or 6		

"Let not your heart be troubled: Ye believe in God, believe also in me." (John 14:1)

PROVIDENCE BAPTIST CHURCH

1901 Hillsborough Street Tallahassee, Florida 32310 850/942-4816 ごいへと マブ, よっょ S

Mear Siror to whom if may concern

I did not receive the Notice of Memerial for our incorporation. It was not my intention not to file as we should.

I was told by someone in your office that the enclosed 612.50 would reinstate us. If not I want to do what is right.

Walter W. inch wald