

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 26 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N940 00000131

1. Corporation Name

Friendship Missionary Baptist Church Inc., of
Orlando

2. Principal Office Address

3643 Bunche Street

Suite, Apt. #, etc.

3. Mailing Office Address

3643 Bunche Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32805

Country

U.S.A.

Zip

32805

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

10-30-92

5. FEI Number

59-3128673

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

Name

John Slade

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

4845 Betty Sue Terrace

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32808

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

John Slade

REGISTERED AGENT MUST SIGN

Date 04-5-2002

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
C.	John Slade	4845 Betty Sue Terrace	Orlando, FL 32808
D.	Charlie Pate, Sr.	809 Avondale Apt. # 1	Orlando, FL 32805
D.	Lonnie Holmes	4235 Minoso Street	Orlando, FL 32811
T.	Donald Eller	715 18th Street	Orlando, FL 32805

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 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:

John Slade x John Slade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-05-02 407-299-5667

Daytime Phone #

CR2E001 (9/01)