

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 FEB -4 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003464

1. Corporation Name

THE ST. MARKS MISSIONARY BAPTIST CHURCH, INC.

2. Principal Office Address - No P.O. Box #

2905 Ninety-One Mine Road Gordon Heights

3. Mailing Office Address

960 E. Tee Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Bartow, FL

Zip

33830

Country

US

Zip

33830

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

592339730

☐ 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

Clevester L. Oliver

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

960 E. Tee Cr.

Suite, Apt. #, Etc.

City

Bartow

State

FL

Zip Code

33830

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

*Clevester L. Oliver*

REGISTERED AGENT MUST SIGN

Date

2/1/11

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
D	Herndon Meeks	632 Renay Court	Bartow, FL 33830
D	Wyla Speight	448 Redhawk Loop	Winter Haven, FL 33880
D	James O. Carmichel	3005 Simpson Dr.	Bartow, FL 33830
D	Clevester L. Oliver	960 E. Tee CR.	Bartow, FL 33830

10. E-mail Address: Clenita@verizon.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Wyla Speight*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

2/1/2011

Daytime Phone #