

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 14 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004652

1. Corporation Name

PARADISE MISSIONARY BAPTIST CHURCH INC.
1112 EAST SCOTT STREET
TAMPA, FLA 33602

2. Principal Office Address

1112 EAST SCOTT ST.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. 7911
Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33602

Country

USA

Zip

33673

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3122005

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

05/08/03 9062 034 6125

7. Name and Address of Current Registered Agent

Name: BISHOP JAMES W. ANDERSON 900037337729
Street Address (P.O. Box Number is Not Acceptable): 3012 N. 22nd St. 05726704--01044--019 **244 00
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33605

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: Bishop James W. Anderson REGISTERED AGENT MUST SIGN Date: 5-12-04

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
Chairman	Frank R. Williams	3006 E SHADOWLAWN Ave	TAMPA, FLA 33610
Director	Betty J. Williams	3006 E SHADOWLAWN Ave	TAMPA, FLA 33610
Director	Geneva Stephenson	4402 N. 37th St.	TAMPA, FLA 33610

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: FRANK R WILLIAMS Frank R. Williams Date: 5-12-04 Daytime Phone #: 813-728-4676

CR2E081 (01/04)