


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. | | 05/08/03 9062 034 6125 | |
| City & State TAMPA, FL. | | City & State TAMPA, FL. | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Zip 33602 | | Country USA | | 5. FEI Number 59-3122005 | |
| | | | | Applied For Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee required for a Certificate of Status | |
| 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. 05/26/04--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 | | | | Date 5-12-04 | |
| 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 Each Officer and/or Director | | City / State / Zip | |
| Chairman | | | | | |
| Director | 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 | |
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| 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 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

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