PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE CORPORATION 10 APR -1 PM 1:48 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLANASSEE, FLORIDA DOCUMENT # N94000002613 First Antioch Missionary
Baptist church of plymorth Inc. **30017416949**3 04/01/10--01039--020 **376.25 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 359 west 4th st. D.O. BOX 1420 CR2E081 (11/09) Suite, Apt. #. etc. Date Incorporated or Qualified 05/19/1994 To Do Business in Florida City & State City & State F1. 5. FEI Number Applied For APOPKA AZOZKA 01-0935703 Not Applicable Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 3 2 704 U.S.A. 32704 U.S.A 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in T. Ducksworth Anthony SR. circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 1010 COASTA are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. City State Zip Code ocoee 54761 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. Date 3/29/10 Signature of Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip 1010 coastal CIT Pastor/ Oloce F1. 34761 president Anthony T. Ducksumth 3386 APOPKA F1. 32712 JANET ST cleck SIM MONS 367 ProoPKA Fl. 32703 Benne H HII)s cir west Apopka APT 11-306 Nichcals VAHOO. COM ATO 1640 10. E-mail Address: (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 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. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

made under oath.

SIGNATURE:

407-963-

5398

Daytime Phone #