

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---



DOCUMENT # **N94000004024**

1. Corporation Name

**THE NEW BRIGHT AND MORNING STAR HOLINESS MISSION
ARY BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address

1805 N. ALBANY AVE
TAMPA FL 33607
US

1805 N. ALBANY AVE
TAMPA FL 33607
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/12/1994
City & State	City & State	5. FEI Number
Zip	Country	59-3230995
		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CAMPBELL, ERIC E	1805 N. ALBANY AVE	TAMPA FL 33607
TD	WRIGHT, ROBERT C	1805 N. ALBANY AVE	TAMPA FL 33607
D	HOLMES, MARK	1805 N. ALBANY AVE	TAMPA FL 33607
D	JONES, DAVID	1805 N. ALBANY AVE	TAMPA FL 33607
D	KING, MARCH	1805 N. ALBANY AVE	TAMPA FL 33607
D	KEATON, AARON	1805 N. ALBANY AVE	TAMPA FL 33607

8. Name and Address of Current Registered Agent

CAMPBELL, ERIC E
1805 N. ALBANY AVE
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

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

700023988507

Suite, Apt. #, Etc. 10/21/03-01147-020 **236.25

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Rev. Eric E. Campbell

REGISTERED AGENT MUST SIGN

Date **10-12-03**

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., 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: *Robert Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-03 8139771998

Date

Daytime Phone #

CR2E040 (7/03)