

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -6 AM 11:45

**DOCUMENT # N94000005069**

1. Corporation Name

**FIRST MT. PILGRIM EVANGELICAL MISSIONARY BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.**

Principal Place of Business

Mailing Address

2700 5TH AVE. S.  
ST. PETERSBURG FL 33711

2700 5TH AVE. SOUTH  
ST. PETERSBURG FL 33711



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

**REINSTATEMENT** *09/10*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suits, Apt. #, etc.		Suite, Apt. #, etc.		10/13/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3296084	
				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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DAVIS, L.P. REV.	5828 EMERSON AVE. S.	ST. PETERSBURG FL
VD	<del>DAVIS, WILLIAM C.</del> DAVIS, James	<del>4334 13TH AVE. S.</del> 3801 2nd Ave South	ST. PETERS FL 33711
D	<del>SHINGLES, ULYESSES</del>	<del>1939-17TH ST-S</del>	<del>ST. PETERSBURG FL</del>
S	ANDERSON, CALLIE	8372 21ST AVE	ST PETERSBURG FL 33712

400003329094--7  
-07/20/00-01005-021  
\*\*\*\*297.00 \*\*\*\*297.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DAVIS, DARREL W 6812 SILVER BRANCH CT TAMPA FL 33625		Name: <del>DAVIS, DARREL W.</del> Street Address (P.O. Box Number is Not Acceptable): 4095 WOOD RIDGE PLACE Suits, Apt. #, Etc.: City: Panama City State: FL Zip Code: 32405	

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.

Signature of Registered Agent: *[Signature]* **SIGNATURE REQUIRED** Date: *06/08/00*

REGISTERED AGENT MUST SIGN

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: *[Signature]* **SIGNATURE REQUIRED** *06/08/00* (727) 345-3121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E340 (199)