

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 25 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005069**

1. Corporation Name

**FIRST MT. PILGRIM EVANGELICAL
MISSIONARY BAPTIST**

2. Principal Office Address

2700 5TH AVE. S.

3. Mailing Office Address

2700 5TH AVE S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG / FL.

City & State

ST. PETERSBURG / FL.

Zip

33711

Country

Zip

33711

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1994

5. FEI Number

59-3296084

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-24

7. Name and Address of Current Registered Agent

Name

DAVIS, DARREL W. SR.

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

919 Alhambra Way S.

400029331704

Suite, Apt. #, Etc.

02/25/04-01007-006 **421.75

City

ST. PETERSBURG

State

FL

Zip Code

33705

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

[Handwritten Signature]

Date **2/12/04**

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
PD	DAVIS, Darrel W. SR.	919 Alhambra Way S.	ST Petersburg, FL 33705
VD	DAVIS, Darrel W. JR.	919 Alhambra Way S.	ST. Petersburg, FL 33705
T	SHINGLES, ULYESSES	1939 17th ST S	ST Petersburg, FL 33712
S	Anderson, Callie	835 1/2 14th ST. S.	ST. Petersburg, FL 33712

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

2/12/04 7278650423

Daytime Phone #

CR2001 (01/04)