PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS DOCUMENT #

N95000000955

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0013707

1. Corporation Name SECTION CORNERSTONE MISSIONARY BAPTIST CHURCH, INC.							FLORIDA			
Principal Place of Business W ODLOMIAL OF ORLUBO FL SEATO 215 S. PARRAMORE A										
ORLANDO FL 32805 If above addresses are incorrect in any way, line through incorrect				oformation and enter	RE	INSTA	STATEMENT WO %			
	cipal Office A	Address. If Applicable	3. New Maili	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/27/1995			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number Applied For				
City State ORIANDO FL			City & State			59-323/506 Not Applicable				
21032805 COLANGE		Žip Country		lry	6. CERTIFICATE OF STATUS DESIRED 58.75 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)				Street Address Officer and/or I 3 (Do NOT Use Post Office		or Cit		City / State / Zij	ty / State / Zip	
DP	SERAAJ, KEVIN REV			4502 CANNA DR		tunionoy	ORLANDO FL 32839			
DV	THOMAS, EZZIE			2303 MYRNA ST.			ORLANDO FL 32905			
DV LYNUM, DAISY			41 BOOK PAKE				ORLANDO FL 32839			
DIXON, JOEL							WE ORLANDO FL 32839			
DT MORALL, HARRY SR				4231 S LAKE ORLANDO PKWY			ORLANDO FL 32808			
	, AOLO	l, Harry J				3 (900920 -01/15/9 ****236	5932 1701071 .25 ***	23 9 9015 ⊮236.25	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
MORALL, HARRY JR					Name					
	COLONIAL			Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32804					Suite, Apt. #, Etc.					
				City				State Zip (Code	
10. I, being appointed the registered agent of the labeled named control on, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN										
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No										
12. I certify that I m 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 conforation 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 AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/22/96 407/648-1162										