

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 28 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N95000000955

**1. Corporation Name**

CORNERSTONE MISSIONARY BAPTIST CHURCH, Inc.

**2. Principal Office Address**

30 N COBURN AVENUE

Suite, Apt. #, etc.

**City & State**

ORLANDO, FL

**Zip**

32805

**Country**

USA

**3. Mailing Office Address**

30 N COBURN AVENUE

Suite, Apt. #, etc.

**City & State**

ORLANDO, FL

**Zip**

32805

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
59-3231506

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

3/24/04 01058 005 \$358.75  
**REINSTATEMENT 02-04**

**7. Name and Address of Current Registered Agent**

**Name**

JANE CAREY

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

MORRALL & CAREY, ATTYS AT LAW

**Suite, Apt. #, Etc.**

905 W COLONIAL DRIVE

**City**

ORLANDO

**State**

FL

**Zip Code**

32804

**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**

*Jane E. Carey*

**Date**

REGISTERED AGENT MUST SIGN

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

| <b>Titles</b> | <b>Name of<br/>Officers and/or Directors</b> | <b>Street Address of Each<br/>Officer and/or Director</b> | <b>City / State / Zip</b> |
|---------------|--|---|---------------------------|
| P             | KEVIN SERAAJ                                 | 218 S LIME AVENUE   | ORLANDO, FL 32805         |
| TD            | EDWARD MATTHEWS                              | 2303 MRYNA STREET   | ORLANDO, FL 32839         |
| VD            | ARTHUR CUNNINGHAM                            | 6849 LIMPIN DRIVE   | ORLANDO, FL 32810         |
| SD            | DEBRA BROWN                                  | 3040 MARTIN STREET  | ORLANDO, FL 32806         |
|               |  |   |                           |
|               |  |   |                           |

**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)(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:**

*Edward C. Matthews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/04

Date

407-363-1996

Daytime Phone #

CR2508 (01/04)