PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 SEP 19 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N96000002516

1. Corporation Name
Northside Missionary Baptist Church of Lakeland, Fla., Inc.

2. Principal Office Address	3. Mailing Office Address
1603 Washington Ave	1603 Washington Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, Fla.	City & State: Lakeland, Fla.
Zip: 33805 Country: Polk	Zip: 33805 Country: Polk

4. Date Incorporated or Qualified To Do Business in Florida: 5/13/96

5. FEI Number: 592895142 — Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Arthur W. Jordan, II

Street Address (P.O. Box Number is Not Acceptable): 628 W. 14th St

Suite, Apt. #, Etc.:

City: Lakeland, Fla State: FL Zip Code: 33805

400004611004--1
-09/25/01--01092--006
*****70.00 *****70.00
400004611004--1
-09/25/01--01092--007
****297.50 ****297.50

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: Arthur W. Jordan II — Date: 8/27/01
REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

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
P/D	Arthur W. Jordan II	628 W. 14th St.	Lakeland, Fla 33805
T/D	Raymond J. Robinson	1205 Alameda So.	Lakeland, Fla 33805
S/D	Lorene Rhodes	518 Dade Ave.	Lakeland, Fla. 33815

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: Lorene Rhodes Lorene Rhodes — 8-27-01 — (863)5293848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #