

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB -4 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005246

1. Corporation Name

Saint Paul Missionary Baptist Church of Lake Helen, Inc.

2. Principal Office Address - No P.O. Box #

600 Jackson Street

Suite, Apt. #, etc

City & State

Lake Helen,

Zip
32744

Country
USA

3. Mailing Office Address

600 Jackson Street

Suite, Apt. #, etc.

City & State

Lake Helen

Zip
32744

Country
USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3425300

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

William Bradley, Sr.

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

602 West Euclid Avenue

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32720

REINSTATEMENT

000244340780

02/04/13--01058--004 **297.50

FEB -4 2013

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 607.0506.

R. HUNT

Signature of
Registered Agent

William L. Bradley

REGISTERED AGENT MUST SIGN

Date

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
C/T	Alzada Fowler	492 Jackson Street	Lake Helen, Florida 32744
T	Johnnie Hines	174 Hibiscus Lane	Deltona, Florida 32738
T	Keith Smith, Sr.	840 Kicklighter Road	Lake Helen, Florida 32744
T	Martine T. Edwards	334 West Ohio Avenue	Lake Helen, Florida 32744
T	Rose Bradley	572 Jackson Street	Lake Helen, Florida 32744
T	Florence Fowler	442 Jackson Street	Lake Helen, Florida 32744

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

William Louis Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/2013

(386) 734-2605

Date

Daytime Phone #