PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 98-00

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 25 PM 3:52

DOCUMENT # N97000004475

1. Corporation Name

Reclaim Missionary Baptist Church, Inc

W000-10867

REINSTATEMENT 98-01 SP

2. Principal Office Address	**3.** Mailing Office Address
11014 Bonnelly Drive	3500 Newcomb Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
N/A	N/A
City & State	City & State
Jax. FL. 32218	Jax. FL. 32218
Zip / Country	Zip / Country
32218	32218

4. Date Incorporated or Qualified To Do Business in Florida 9/20/94

5. FEI Number 59-3316112 ☐ 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
Rev. James P. Wright

400004434844--5
-06/21/01--01033--006
****420.00 ****420.00

Street Address (P.O. Box Number is Not Acceptable)
3500 Newcomb Road

Suite, Apt. #, Etc.

City
Jacksonville FL. 32218
Jacksonville,

State: FL | Zip Code: 32218

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 Rev. James P. Wright Date 5/17/2001

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Trustee	Brian Lewis	10938 Majuro Drive	Jax. FL32246
Trustee	Patrick Wells	1046 Easy Street	Jax. FL32218
Trustee	Deloris Green	3118 Stan Road	Jax. FL. 3224
President	James P. Wright	3500 Newcomb Road	Jax. FL

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: Rev. James P. Wright 05/17/2001 (904) 7667126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone