

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004914

1. Corporation Name

ST. JOHN MISSIONARY BAPTIST CHURCH, INC. OF TALLAHASSEE

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

2125 KEITH ST

3. Mailing Office Address

212 KEITH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32310

Country

US

Zip

32310

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

ALFRED GAINOUS, SR.

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

2125 KEITH STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32310

REINSTATEMENT

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

Alfred Gainous Sr.

Date 7-20-10

REGISTERED AGENT MUST SIGN

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	ALFRED GAINOUS, SR.	3421 NORTH RIDGE ROAD	TALLAHASSEE, FL 32305
AC	ROSA M. TUCKER	1730 HILLGATE COURT	TALLAHASSEE, FL 32310
T	GLORIA HEARNS	2049 EASTGATE WAY	TALLAHASSEE, FL 32310
T	JACQUELINE WARD	2125 Keith Street	TALLAHASSEE, FL
T	KAY TINSLEY	2125 Keith Street	TALLAHASSEE, FL
T	LINDA SCOTT	2125 Keith Street	TALLAHASSEE, FL

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., 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.

SIGNATURE:

Alfred Gainous Sr.

7-20-10

(850)878-1725


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1111 20 2010

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797000004914
 Attachment TO
 Reinstatement