

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002233

1. Corporation Name

St. Simon Baptist Church, Incorporated

2. Principal Office Address - No P.O. Box #
1331 Miller Street

3. Mailing Office Address
P.O. Box 49

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orange Park, Florida

City & State
Orange Park, Florida

Zip
32073

Country
USA

Zip
32069-0049

Country
USA

REINSTATEMENT 0407

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
04/17/98

5. FEI Number 593062152

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
Doreen Lance

Street Address (P.O. Box Number is Not Acceptable)
1938 Calusa Trail

Suite, Apt. #, Etc.

City
Middleburg

State Zip Code
FL 32068

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Doreen Lance
REGISTERED AGENT MUST SIGN

Date

5/23/97

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	William H. Randall	1976 Harbor Island Dr.	Orange Park/Florida/32073
VP	Lester Perry	2358 Dunlin Ct.	Orange Park/Florida/32073
T	Levarn Murry	3324 Deerfield Point Dr.	Orange Park/Florida/32073
D	Leroy George	1757 St. Ives Dr.	Middleburg/Florida/32068
D	Charles Rembert	7580 LaFontaine Dr.	Jacksonville/Florida/32244
D	Alvin Britt	1020 Grove Park Ln.	Orange Park/Florida/32073

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 contained in Chapter 119, 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:

W.H. Randall W. H. RANDALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

800103635808

06/01/07-01004--001 **420.00
5-29-2607

Date

Daytime Phone #