

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 26 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002775

1. Corporation Name

New Saint Mark Missionary Baptist Church
of Quincy, Inc.

2. Principal Office Address

319 Holt Lane

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 544

Suite, Apt. #, etc.

City & State

Quincy Florida

Zip

32351

Country

Gadsden

City & State

Quincy Florida

Zip

32351

Country

Gadsden

REINSTATEMENT

09-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/14/98

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

John Henry Neal

200003337142-6

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

1449 Breck Drive

07/26/00 01095-001

****306.25 ****306.25

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 7/26/00

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
Deacon	Roman Mc Neal	495 Spooner Road	Quincy FL 32351
Deacon	Jessie Nealy	493 Spooner Road	Quincy FL 32351
Deacon	Richard Lockwood	817 Lucky Street	Quincy FL 32351
Secretary	Arrie Battle	919 Hardin Street	Quincy FL 32351
Secretary	Phyllis Simmons	839 Sikes Street	Quincy FL 32351
Treasurer	Idella Barnes	419 Hardin Street	Quincy FL 32351

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:

Arrie M. Battle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/00

Date

850 875-9531

Daytime Phone #

KE