PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00101 WSR

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL 23 PM 12:03

DOCUMENT # N98000003236

1. Corporation Name

NEW RISING STAR MISSIONARY BAPTIST CHURCH, INC.

2. Principal Office Address		**3.** Mailing Office Address	
1509 EAST NORTH BAY AVE.		4417 COBIA DRIVE	
Suite, Apt. #, etc.		Suite, Apt.,#,.etc.	
City & State: TAMPA, FL		City & State: TAMPA, FL	
Zip: 33610	Country: USA	Zip: 33617	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/05/98

5. FEI Number: 58-2391278 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ XX — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NELSON CAPORICE C/O ALBANO & ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable): 1506 E. MARTIN L. KING BLVD.

Suite, Apt. #, Etc.:

City: TAMPA, FL | State: FL | Zip Code: 33610

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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: Nelson Caporice Date: 06/29/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
BOD	PERRY MCCLENDON	4417 COBIA DRIVE	TAMPA, FL 33617
BOD	GENE SHANNON	2802 STARLITE COURT #3-202	TAMPA, FL 33607
BOD	ELOIS HANDY	1503 EAST NORTH BAY AVE.	TAMPA, FL 33610

7/25

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: Perry McClendon PERRY MC CLENDON (813)899-0126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 06/26/01 — Daytime Phone #