


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -7 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003377

1. Corporation Name

First Central Baptist Cultural and Training Center

2. Principal Office Address 7558 S.W. County Road 158		3. Mailing Office Address 194 S.W. Summers Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jasper, Florida		City & State Lake City, Florida	
Zip 32052	Country USA	Zip 32025	Country USA

REINSTATEMENT 02.04

4. Date incorporated or Qualified To Do Business in Florida 06/02/1999	
5. FEI Number 59-3579369	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: **George R. Francis** 900031984309
 Street Address (P.O. Box Number is Not Acceptable): **7558 S.W. County Road 158**
 Suite, Apt. #, Etc.
 City: **Jasper** State: **FL** Zip Code: **32052**

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: *George R. Francis* Date: 4/2/04
 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
P/D	George R. Francis	P.O. Box 401	White Springs, Florida 32096
VP/D	Bernard Scippo	1480 North Centre St.	Lake City, Florida 32055
S?D	Gloria McIntosh	Rt. 1 Box 2475	Lake City, Florida 32055
T/D	J.T. Simon	1012 S.W. 8th Street	Jasper, Florida 32052
D	Essie Wilson	194 S.W. Summers Lane	Lake City, Florida 32025
D	Robert Daniels	P.O. Box 1025	Jasper, Florida 32052

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: *Essie Wilson* Date: 4/2/04 Daytime Phone #: 386-755-1483
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

Title:
Mayor

Name
Matthew Hawkins

Address
504 SW 5th street

City, state, Zip
Jasper, FL 32052