

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 26 PM 12:24

DOCUMENT # N99000003482

1. Corporation Name
Antioch Baptist Church of Tallahassee, Inc
5605 Gum Road
Tallahassee, FL 32304

REINSTATEMENT 02-04

2. Principal Office Address
5605 Gum Rd
Suite, Apt. #, etc.

3. Mailing Office Address
2608 Charles McIntosh Rd
Suite, Apt. #, etc.

700031805707
04/05/04--01010--022 **183.75

City & State
Tallahassee FL
Zip
32304
Country
LEON

City & State
Tallahassee FL
Zip
32310
Country
LEON

4. Date Incorporated or Qualified
To Do Business in Florida 6/15/99

5. FEI Number
592597637
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
Annette McIntosh
Street Address (P.O. Box Number is Not Acceptable)
2608 Charles McIntosh Rd
Suite, Apt. #, Etc.

City
Tallahassee
State
FL
Zip Code
32310

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 Annette McIntosh
REGISTERED AGENT MUST SIGN

Date _____

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
Trustee	Annette McIntosh	2608 Charles McIntosh Rd	Tallahassee, FL 32310
Trustee	Perry McClellan	3701 NW Capital Cirde	Tallahassee, FL 32303
Trustee	Allen Brabham	1827 Medart Drive	Tallahassee, FL 32303

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: Annette McIntosh, Trustee 3/28/04 576-4546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)