

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUN 18 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004051

1. Corporation Name

Greater Friendship Missionary Baptist Church

2. Principal Office Address - No P.O. Box #

4413 N 35th Street

Suite, Apt. #, etc.

City & State

Tampa

Zip

33610

Country

Hillsborough

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Tampa

Zip

33610

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

07/02/1999

5. FEI Number

N/A

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

Madison Murray

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

3507 North 35th Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

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

*Kevin Madison Murray*  
REGISTERED AGENT MUST SIGN

Date

6-13-08

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
CDB	Thomas, Willie C	1601 East 29th Ave	Tampa, FL 33610
CT	Johnson, Melvin	3002 West Palifax Street	Tampa, FL 33610
PMC	Coleman, Robert	3411 East Shadowlane	Tampa, FL 33610
AAFS	Shaw, Annie	4413 N 35th Street	Tampa, FL 33610
T	Flowers, Curtis	4413 N 35th Street	Tampa, FL 33610
D	Allen, John and Storey, Melvin	4413 N 35th Street	Tampa

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:

*Melvin Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-13-08

Daytime Phone #

813-238-6549

40

XC6/19