

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 FEB 27 AM 11:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # **N99000007541**

1. Corporation Name

*True Light Missionary Ch
Baptist Church, Inc.*

2. Principal Office Address

1212 Highland Street

Suite, Apt. #, etc.

City & State

St. Petersburg Florida

Zip

33705

Country

U.S.A.

3. Mailing Office Address

1600 41st Street So.

Suite, Apt. #, etc.

City & State

St. Petersburg Florida

Zip

33711

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

Jan. 1993

5. FEI Number

59-3348849

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rev. Charlie W. Ward

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

2420 11th Street South

Suite, Apt. #, Etc.

City

St. Petersburg

State
FL

Zip Code
33705

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

Rev. Charlie W. Ward

REGISTERED AGENT MUST SIGN

Date

1/22/01

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	<i>Rev. Charlie W. Ward</i>	<i>2420 11th St. So.</i>	<i>St. Pete. FL 33705</i>
S	<i>Coretha N. Davis</i>	<i>1600 41st St. So.</i>	<i>St. Pete. FL 33711</i>
T	<i>Ruby L. Morris</i>	<i>2122 20th Ave. So.</i>	<i>St. Pete. FL 33712</i>
T	<i>Welas Butler</i>	<i>2100 Auburn St. So.</i>	<i>St. Pete. FL 33712</i>
T	<i>Johnny Morris, Sr.</i>	<i>2122 20th Ave. So.</i>	<i>St. Pete. FL 33712</i>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/01

Daytime Phone #

(732) 893-2147

CR2E081 (9/00)