PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 NOV 25 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0000001268

1. Corporation Name
Tabernacle Baptist Church of Lutz, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
206 Ridge Road	206 Ridge Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Monroe, NC	City & State: Monroe, NC
Zip: 28110 Country: USA	Zip: 28110 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida: 02/22/2000

5. FEI Number: 05 0138200 — 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: Your Capital Connection, Inc
Street Address (P.O. Box Number is Not Acceptable): 417 E Virginia Street, Suite 1
Suite, Apt. #, Etc.:
City: Tallahassee, FL 32301 State: FL Zip Code:

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REINSTATEMENT
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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: Branden Allen Date:
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 B	Rodney D. Michaud	~~206 Ridge Road~~ 2149 Darian Way	~~Monroe, NC 28110~~ Waxhaw NC 28173
TD	John Reed	1603 Forbes Road	Lakeland, FL
D	Linda M. Michaud	2149 Darian Road	Waxhaw NC 28173

10. E-mail Address: preachrod248@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Rodney D. Michaud 10/30/13 704 441-7189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #