## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 DEC 30 PH 3: 46
DOCUMENT # NZ6892  1. Corporation Name	SECRETARY OF STATE TALLAHASSEE, FLORED?
Tabernade Baptist Church, Inc.	800164049338 12/30/0901018007 **437,50
2. Principal Office Address - No P.O. Box #  3. Mailing Office Address  5. Suite, Apt. #, etc.	CR2E081 (12/08)
	4. Date Incorporated or Qualified To Do Business in Florida  Ub - 10 - 1988
Palatka, FL Palatka, FL	5. FEI Number Applied For Not Applicable
32177 Putnam 32177 Putnam	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Name Rev. Wesley Taylor Street Address (P.O. Box Number is Not Acceptable)	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you
a701 Reid St Suite, Apt. #, Etc.	are certifying the prior notices were not received and requesting the reinstatement
City Palatka State 32177	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 Page Agent 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 Street Address of Each Officers and/or Directors Officer and/or Director	
CD Rew. Wesley Taylor 1202 Kirby St	Palatka, FL 32177
T Tommy Smith 241 Palmetto Blu	ARd Palatky, FL 32177
T George Peacock 6005 Brookhaven	s have Palatky FL 32177
T Glenn Thomas 104 Good Weighbur	Dr Palatka FL 32177
T Larry Lassiter POBOX 661	Palatka, FL 32178-066)
5 David Wells 126 Redbird L	ane East Palatka FC 32131
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 filling 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: Javid Mells 12-20-09 36-325-3907 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

E/C.12/30