

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUN 10 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 710697**

**1. Corporation Name**

Mount Zion Missionary Baptist Church  
of Riviera Beach, Inc.

900005865048--1  
-06/19/02--01066--005  
\*\*\*\*\*542.50 \*\*\*\*\*542.50

**REINSTATEMENT 97-02**

**2. Principal Office Address**

868 West 9th Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Riviera Beach, FL 33404

**City & State**

**Zip**

33404

**Country**

USA

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/11/66

**5. FEI Number**

65-0674051

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**7. Name and Address of Current Registered Agent**

**Name**

Pastor James E. Adams

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

1349 W 28th Street

**Suite, Apt. #, Etc.**

**City**

Riviera Beach

**State**

FL

**Zip Code**

33404

**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

REGISTERED AGENT MUST SIGN

Date

5/30/02

**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	Adams, James E., Pastor	1349 W 28th Street	Riviera Beach, FL 33404
T	Cunningham, John W.	1897 Palm Bch Lakes, Bl, #202	West Palm Beach, FL 33409
T	Becton, Hyacinthia	500 West 24th Street	Riviera Beach, FL 33404
T	Johnson, Frankie	3450 "H" Avenue East	Riviera Beach, FL 33404
T	Jackson, David	868 West 9th Street	Riviera Beach, FL 33404

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/02 845-6704