PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 19 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729030

1. Corporation Name

MT. MORIAH AFRICAN METHODIST EPISCOPAL CHURCH O F TARPON SPRINGS, FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O JOHN E. SLAUGHTER JR 1253 PARK STREET CLEARWATER FL 34616-5827	C/O JOHN E. SLAUGHTER JR 1253 PARK STREET CLEARWATER FL 34616-5827

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/11/1974

5. FEI Number: 05-0113006 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
T	COPELAND, JOSEPH	817 LERCOLM AVE.	TARPON SPRINGS FL
S	COY, CORNEILA	315 E. OAKWOOD ST.	TARPON SPRINGS FL
T	LASTER, FLOSSIE	823 LINCOLN AVE	TARPON SPRINGS FL
AP	PERRY, DAVID REV.	3424 WARBLER DR.	HOLIDAY FL
P	~~HAYWOOD, JESSIE~~ Hollingsworth, Herbert	417 MORGAN	TARPON SPRINGS FL
ST	THOMAS, JAMES SR	429 OAKLEAF BLVD	OSMAR FL

8. Name and Address of Current Registered Agent

SLAUGHTER, JOHN E., JR.
1253 PARK ST.
CLEARWATER FL ~~33516~~ 33756

9. Name and Address of New Registered Agent

Name 400002750714--0
-01/21/99--01111--010
Street Address (P.O. Box Number is Not Acceptable) ****236.25 ****236.25
Suite, Apt. #, Etc.
City 400002750714--8
-01/21/99--01111--011
State FL Zip Code ****61.25 ****61.25

CR2E040 (9/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 12-10-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Herbert Hollingsworth SIGNATURE REQUIRED 11-20-98 942-4649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Herbert Hollingsworth
Date Daytime Phone #

0093976 SP