

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 15 PM 2:43

39/In/ly  
08-09

DOCUMENT # N49072

1. Corporation Name

The Mount Pilgrim African  
Baptist Church, Inc.

2. Principal Office Address - No P.O. Box #

5103 DR. Martin LKd P.O. Box 321

Suite, Apt. #, etc.

DA

City & State

Milton, FL

Zip

32570

Country

Santa Rosa

3. Mailing Office Address

P.O. Box 321

Suite, Apt. #, etc.

City & State

Milton, FL

Zip

32570

Country

Santa Rosa

4. Date Incorporated or Qualified  
To Do Business in Florida

5-26-1992

5. FEI Number

593042845

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

James G. IMORE

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

6986 DALISA Road

Suite, Apt. #, Etc.

Milton, FL

City

1

State

FL

Zip Code

32583

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
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

James Gilmore

Date

4-5-09

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
PT	Joe Johnson	4021 GARCEN POINT RD	Milton, FL 32583
CD	Franklin, Claudie	6668 MAPLE ST	MILTON FL. 32570
STD	Broughton, Terra	5072 Dr. Martin Luther King Jr Dr	Milton, FL 32570
T	John Adams	6914 DALISA RD	Milton, FL 32583
T	Turner, Charlie	5059 Susan ST	Milton, FL 32570
T	Walker, EARL	5405 Homestead Dr	Milton, FL 32570

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 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:

Vivian Rhodes

Vivian RHODES Treasurer

Date


5 Apr. 109

Daytime Phone #

(850) 983-5680

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page 2 of 4 officers  
or directors

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name			
2. Principal Office Address - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Office Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City		4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number <span style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status  <input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement 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 _____ Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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
T	Causey, Henry	5550 Alabama ST	Milton, FL 32570
SC	Fredonia Morgan	4857 Webb Circle	Milton, FL 32570
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 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: <u>Vivian Rhodes Vivian RHODES</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5 April 2009 Date	983-5680 (850) 825-5680 Daytime Phone #