

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 700432

1. Corporation Name

MOUNT CALVARY MISSIONARY BAPTIST CHURCH OF RIVIERA BEACH, INC.

Principal Place of Business

500 AUSTRALIAN AVENUE
RIVIERA BEACH FL 33404
US

Mailing Address

500 AUSTRALIAN AVENUE
RIVIERA BEACH FL 33404
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

02/12/1960

5. FEI Number

59-2666665

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|--|--|-------------------------|
| DC | SAULSBY, FRANK V. | 725 AVENUE "N" | RIVIERA BEACH FL |
| DT | ATKINS, JOHN, JR. | 1117 W. 10TH STREET | RIVIERA BEACH FL |
| D | WARCECER, JAKES | 5874 W DERLAWAY RD | PALM BEACH GARDEN FL |
| P | GRANGER, WALTER OSHEA, REV | 1517 43RD STREET | WEST PALM BEACH FL |
| S | WILLIAMS-SMITH, CAROLYN | 4108 HEATH CIRCLE N | WEST PALM BEACH FL |
| | | | |

800002701788--0
-12/03/98--01064--011
****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAULSBY, FRANK V.
725 AVENUE "N"
RIVIERA BEACH FL 33404

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date 11-18-98

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN ATKINS, JR.

11/19/98 561-848-6753
Date Daytime Phone #

CR2E040 (9/98)