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.

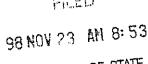
Principal Place of Business

Mailing Address

500 AUSTRALIAN AVENUE RIVIERA, BEACH FL 33404

500 AUSTRALIAN AVENUE RIVIERA BEACH FL 33404

US





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REINSTATEMENT OF	

If above a	ddresses are	incorrect in any way, line thr	ough incorrect in	nformation ar	nd enter	correction below.	REINS	TATEME	NT	Ù	
2. New Pri	ncipal Office A	Address, if Applicable	3. New Maili	ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida O2/12/1000				
Suite, Apt. i		Suite, Apt. #,	, etc.			02/12/1960 5. FEI Number Applied For					
City & State	3	City & State			<u>.</u>		59-266665 Not Applicable				
Zip		Country	Zip	Country		y .	6. CERTIFICATE	FICATE OF STATUS DESIRED 1 \$8.75 Addition of a Cartilla Control of the Cartilla Cart		litional Fee required rtificate 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 3 (Do NOT Use Post Office Box Numbers)			•	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			
Р	GRANGER, WALTER OSHEA, REV			1517 43RD STREET				WEST PALM BEACH FL			
\$	WILLIAMS-SMITH, CAROLYN			4108 HEATH CIRCLE N			WEST PALM BEACH FL				
800002 *-12/03/							000027 <u>C</u> -12/03/98	178 0106	380 34-011		
8. Name and Address of Current Registered Age								Address of New Registered Agent			
						Name					
	BY,FRANK \	<i>l</i> .				Street Address (P.O. Box Number is Not Acceptable)					
	/ENUE "N" ^ BEACH EI	22404			Suite, Apt. #, Etc.						
RIVIERA BEACH FL 33404										<u> </u>	
÷						City State 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 REGISTERED AGENT MUST SIGN Date // /8 - 98											
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No											

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 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 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:

SPATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN ATKINS, JR.

1/19/98 561-848-6755 Daytime Phone #