

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 19 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700432

1. Corporation Name

Mount Calvary Missionary Baptist
Church of Riviera Beach, Inc.

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

1111 36th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

Zip

33407

Country

Palm Beach

Zip

Country

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

2/12/60

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. Name and Address of Current Registered Agent

Name

Frank V. Saulsby

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

725 Avenue "N"

Suite, Apt. #, Etc.

City

Riviera Beach

State

FL

Zip Code

33404

☐ 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

Frank V. Saulsby

Date

7-16-07

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
Pres	Frank V. Saulsby	725 Avenue "N"	Riviera Beach FL 33404
VPres	Warceer Jakes	5874 Whirlaway Road	West Palm Beach FL
Trea	John Atkins	1516 44th Street	West Palm Beach FL 33407
Secy	Carolyn Williams-Smith	4108 Heath Circle North	West Palm Beach FL 33407

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:

Carolyn Williams-Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn Williams-Smith
Secretary

7/17/07
Date

561-848-8812
Daytime Phone #

8 Mitchell

111 19 2007