

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 OCT 27 AM 11:05
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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700737

1. Corporation Name

Mt. Zion Primitive Baptist Church, Inc.

2. Principal Office Address - No P.O. Box # 3700 22nd Avenue South		3. Mailing Office Address P.O. Box 530397	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33711	Country USA	Zip 33747	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 04/06/1960	
5. FEI Number 80-0068485	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED yes	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Patterson, Shirley		
Street Address (P.O. Box Number is Not Acceptable) 3700 22nd Avenue South		
Suite, Apt. #, Etc.		
City St. Petersburg	State FL	Zip Code 33711

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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

Shirley Patterson
 REGISTERED AGENT MUST SIGN

Date 10/21/15

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
C	Bailey, Glenn	3700 22nd Avenue South	St. Petersburg, FL 33711
T	Clouden, Angela	3700 22nd Avenue South	St. Petersburg, FL 33711
S	Bailey, Vail	3700 22nd Avenue South	St. Petersburg, FL 33711
S	Hunt, Laura	3700 22nd Avenue South	St. Petersburg, FL 33711
REINSTATEMENT			OCT 27 2015
			R. HUNT

10. E-mail Address: mtzionpbc@verizon.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Angela R Clouden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/15

727-321-0021

Date

Daytime Phone #