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 # 707984

FILED
97 JUL -8 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

MT. CALVARY BAPTIST CHURCH HOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
730 NORTHWEST 8TH AVE POMPANO BEACH FL 33060	REINSTATEMENT 96497 7/8/97

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 7/96

5. FEI Number ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	I.C. ROLLE	134 NOWTHWEST 15TH ST	POMPANO BEACH, FL 33060
VP	LAURA CAMPBELL	3820 NORTHWEST 6TH AVE	POMPANO BEACH, FL 33064
T	GARLAND JACKSON	5179 NE 15TH TERR	POMPANO BEACH FL 33064
D	MALCOLM ROBERTS	247 NW 107TH WAY	CORAL SPRING,FL
D	EUNICE C. HARVEY	2181 NW 33RD AVE	LAUDERDALE LAKES, FL 33311
D	FANNIE P. GRISHAM	407 NW 4TH AVE	POMPANO BEACH, FL 33060

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name GARLAND JACKSON
Street Address (P.O. Box Number is Not Acceptable) 5179 NE 15th TERR
Suite, Apt. #, Etc.
City Pompano Beach, FL State FL Zip 33064

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*****245.00

CR2E040 (12/96)

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 Garland Jackson REGISTERED AGENT MUST SIGN

Date 5-5-97

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*****61.25

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Ismich C. Rolle 5-5-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #