

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC 17 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 713912

1. Corporation Name  
MT. OLIVE PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address  
6931 NW 17 AVENUE  
MIAMI FL 33169

REINSTATEMENT 96-98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/10/68	
City & State		City & State		5. FEI Number	
Zip		Country		65-0120527	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	ARNOLD, FRAZIER, JR	3721 NW 159 Street	Miami FL 33054
SD	CANADA, ROSA	1430 NW 74 Street	Miami FL 33147
TD	MACK, LEON	8410 NW 33 Avenue	Miami FL
D	Anderson, Levi J.	18601 NW 24 Ave	Miami FL
D		7345 Skeneagle Dr	Miami Lakes FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROSA BELLE CANADA 1430 NW 74 STREET MIAMI FL 33147		Name: Marian Schweiger Street Address (P.O. Box Number is Not Acceptable): 901 NE 125 ST. Suite, Apt. #, Etc.: 109 City: N. MIAMI	
		800002725848-4 -12/30/98 State 11/16/98 ***367 FL ***	

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: Marian Schweiger Date: 12/7/98  
REGISTERED AGENT MUST SIGN

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: Marian Arnold President 12/7/98 305 732 0762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
FRAZIER ARNOLD 305-621-2470

CR2E040 (1/98)