

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 27 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 919349

1. Corporation Name

Mt. Carmel Methodist Church of Floral City Inc

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

8004 S. FL Ave

3. Mailing Office Address

Post Office Box 286

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Floral City

City & State

Floral City

Zip

34436

Country

USA

Zip

34436

Country

USA

REINSTATEMENT 73-01

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/1970

5. FEI Number

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

Alida V. Langley

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

7950 S. Sharon Ter

Suite, Apt. #, Etc.

Post Office Box 286

City

Floral City

State

FL

Zip Code

34436

☒ 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

Alida V. Langley

REGISTERED AGENT MUST SIGN

Date Aug. 17, 2007

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
P	Minister Bertha Houston	3438 Oleander Lane P.O. Box 75	Hernando, FL 34442
T	Sara Hills	3775 E. Jerome Street	INverness, FL 34453
T	Dora Williams	2984 W. Woodthrusch St	Lecanto, FL 34461

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:

Minister Bertha Houston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/2007

Date

Daytime Phone #

200108860672
08/27/07--01048--020 **1631.50

352-726-9914