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
97 MAY -7 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

DOCUMENT # **720265**

1. Corporation Name

MT. MORIAH CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
~~1326 13TH ST~~ ~~SARASOTA FL 34236-2504~~	P. O. BOX 262 SARASOTA FL 34230-0262 US

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. 4335 CLARK Rd.	Suite, Apt. #, etc.
City & State SARASOTA, FLA.	City & State
Zip 34233 Country	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 02/16/1971

5. FEI Number: 59-2741405 ☐ 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
T	ABNER, WILLIE	2132 BANNAKER WAY	SARASOTA FL
D	MORRIS, ROY	713 24TH STREET, E.	BRADENTON FL
D	CANNON, CHARLES	1016 4TH STREET, W.	BRADENTON FL
PD	TUNSTALL, WESLEY	1326 13TH ST	SARASOTA FL
VD	BARBER, THOMAS C.	3151 BERNADETTE LANE	SARASOTA FL
S	STEPHENS, CLARK	2435 LINKS AVE.	SARASOTA FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BARBER, THOMAS C. 3151 BERNADETTE LANE SARASOTA FL 34234	Name Street Address (P.O. Box Number is Not Acceptable) 800002181778--0 -05/16/97--01106--002 Suite, Apt. #, Etc. ****315.00 ****315.00 City State FL Zip Code

CR2E040 (7/95)

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 _____ RECEIVED Date 3-25-97 / 4-17-96

REGISTERED AGENT MUST SIGN

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: _____ THOMAS C. BARBER 3-25-97 (941)953-7081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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