

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **726055**

1. Corporation Name

MOUNT TABOR BAPTIST CHURCH

Principal Place of Business

1701 NW 66TH ST
MIAMI FL 33147
US

Mailing Address

1701 NW 66TH ST
MIAMI FL 33147
US

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



REINSTATEMENT 02

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.		04/06/1973	
City & State		City & State		5. FEI Number	
Zip		Country		59-1834250	
				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	4 City / State / Zip
CD	STINSON, SOLOMON	1410 N.E. 2ND AVE.	MIAMI FL
T	GLASS, EMMA D	1426 NW 60TH ST	MIAMI FL 33142
D	COOK, CLARETHA	1701 N.W. 66TH ST.	MIAMI FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GLASS, EMMA D 1426 NORTHWEST 60TH ST MIAMI FL 33142		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
			Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent: *EMMA D. GLASS* REGISTERED AGENT MUST SIGN Date: 10/28/02

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., 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: *Claretha B. Cook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Claretha B. Cook Date: 10/28/02 Daytime Phone #: (305) 624-2128

CR2EC40 (8/02)