PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 SEP 20 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735804 CR# 1187

1. Corporation Name

MT. LEBANON MISSIONARY BAPTIST CHURCH, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9319 RIDGE BLVD	9319 RIDGE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. BOX 9590
City & State	City & State
JACKSONVILLE, FL	JACKSONVILLE, FL
Zip / Country	Zip / Country
32208 / US	32208 / US

REINSTATEMENT 10-21

4. Date Incorporated or Qualified To Do Business in Florida MAY 10, 1976

5. FEI Number 592478734 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name YARBER, NANCY WMS-

Street Address (P.O. Box Number is Not Acceptable) 1804 BROWARD ROAD

Suite, Apt. #, Etc.

City JACKSONVILLE State FL Zip Code 32218

200212347012
09/20/11--01021--011 **305.75

AB 9/20

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 Nancy W-Yarber Date 09-16-11
REGISTERED AGENT MUST SIGN

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
CEOD	YARBER, NANCY W.	1804 BROWARD RD	JACKSONVILLE, FL 32218
PD	WILLIAMS, LEO N.	6895 HOWALT DR.	JACKSONVILLE, FL 32277
D	THOMAS, MARY L.	212 W. 23rd ST.	JACKSONVILLE, FL 32206
D	LONG, LINDA	3219 BREVE RD	JACKSONVILLE, FL 32209
D	LONG, WILHELMENIA	7234 ELWOOD AVE.	JACKSONVILLE, FL 32208
D	BRIGGS, NAOMI	1589 SHEARWATER DR	JACKSONVILLE, FL 32218

10. **E-mail Address:** WMSYARBER@YAHOO.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Nancy WMS-Yarber - NANCY WMS-YARBER 09-16-11 (904) 708-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #