PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 DEC -5 PM 3:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # 738856

1. Corporation Name
MOUNT ZION NORTHEAST COAST MISSIONARY BAPTIST DISTRICT ASSOCIATION OF FLORIDA, INCORPORATED

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1114 PEACOCK AVE. NE	1114 PEACOCK AVE. NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BAY, FL 32907	City & State: PALM BAY, FL 32907
Zip: 32907 Country: BREVARD	Zip: 32907 Country: BREVARD

4. Date Incorporated or Qualified To Do Business in Florida: 4/27/77

5. FEI Number: 59-3540939 ☐ 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: NATHANIEL L. HARRIS

Street Address (P.O. Box Number is Not Acceptable): 1114 PEACOCK AVENUE NE

Suite, Apt. #, Etc.

City: PALM BAY State: FL Zip Code: 32907

600214917296
12/06/11--01003--007 **236.25

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: [signature] Date: 12/1/2011
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
MODERATOR	DOUGLAS A. HAMILTON	2837 ROXBURY RD WINTER PARK, FL 32789	WINTER PARK, FL 32789
1ST VICE MODERATOR	RONALD DURHAM	110 ALEATHA DR	DAYTONA BEACH, FL 32114
CHAIRMAN OF BOARD	KIRBY FRINK	1835 BUNCHE ST.	MELBOURNE, FL 32935
2ND VICE MODERATOR	NATHANIEL L. HARRIS	1114 PEACOCK AVE. NE	PALM BAY, FL 32907
		REINSTATEMENT	20

10. **E-mail Address:** MACEDONIA2@AOL.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: [signature] NATHANIEL L. HARRIS 12/1/2011 (321) 720-8493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #