

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 19 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764252

1. Corporation Name

Mt Zion New Congregational
methodist Church, Inc

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

14670 SR 121 N.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 297

Suite, Apt. #, etc.

City & State

Macclenny, FL

City & State

Macclenny, FL

Zip

32063

Country

US

Zip

32063

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 07-22-1982

5. FEI Number

59-3011355

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

Frank E. Maloney Jr

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

S.W. Macclenny Ave

Suite, Apt. #, Etc.

City

Macclenny

State

FL

Zip Code

32063

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

Frank E. Maloney Jr

REGISTERED AGENT MUST SIGN

Date March 11, 2008

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
PD	Tim Cheshire	16806 Pine Lane	White Springs, FL 32096
D	John Kirkland	PO Box 196	Macclenny, FL 32063
D	Terry Crews	10150 Jarrod Sarah's Place	Sanderson, FL 32087
D	V. Pete Davis	PO Box 125	Sanderson FL 32087
ST	Wanda Thorn	8378 Claude Harvey Rd	Green St. Mary, FL 32040

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: Wanda Thorn Wanda Thorn 24-08 904-653-2309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

30118752643
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REINSTATEMENT 06-08^{KS}