## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

00 MAY 16 PM 2: 43

SECRETARY OF STATE.

							TALLIANASSEE, FLORIDA		
DOC	UMENT #	F970	00004	193			,		
1. Corpora	ation Name	MUNITY C		? <b></b>	man			ار دانتیان داده اینانیان از اینانیان ا در اینانیان از اینانیان ا	
2. Principa	al Office Address		3. Mailing (	Office Addres	Office Address				
Ť		ınd Av.	1	917 E. Highland Av.					
Suite, Apt. #				Suite, Apt. #, etc.			orporated or Qualified usiness in Florida		
City & State	9		City & State	City & State			Aug-8, 1997		
Gene	va Al.		Geneva	Geneva Al.			5. FEI Number Applied For Not Applicable		
Zip Country		Zip		Country	6.	6 S8.75_ Additional Fee real			
36340	6340 Geneva		36340	)	geneva	CERTIFICA	CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
	•		7.	Name and A	ddress of Current R	egistered Agent	<del>200003284</del>	399 <u> </u>	
8. I, being Signature o Registered	RT 2 Suite, Apt. #, E City Lake	City F1	above named corp	oration, am t		of the obligations of sec	State Zip Code FL 32024 ction 607.0505 or 617.0503, F.S	_	
9. Names	s and Street Addre	sses of Each Office	r and/or Director (FI	lorida nonpro	fit corporations must li	st at least 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
	Rev. Coy Haney			917 E. Highland Av.			Geneva Al. 3	6340	
Vice Char:	Rev Forest Combs			Route 21, box 612			Lake City Fl	32024	
	Rev. Woody Dupree			996 Sandspur Road			Westville F1. 32464		
rir. Rev. Minnie Dubose			ose	Route 3, Box 299			Opp A1. 364	67	
		74				· · ·			
40 Lase	t that I am an -#'-					ion no provided for in a	hanter 687 or 617 E.C. Livet-	cortifu that when filling	

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 spall have the same legal effect as if made under oath.

SIGNATURE: Rev. Coy Haney SIGNATURE and TYPED OR PRINTED NAME

May 8, 2000 334-684-3998

Daytime Phone #