

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 21 PM 2:17

DOCUMENT # N00000005664

1. Corporation Name

MT. MORIAH VICTORY CHURCH, INC.

2. Principal Office Address

776 W Desoto St

Suite, Apt. #, etc.

City & State

CLERMONT, FL

Zip

34711

Country

USA

3. Mailing Office Address

776 W. Desoto St

Suite, Apt. #, etc.

City & State

CLERMONT, FL

Zip

34711

Country

USA

REINSTATEMENT 03-05  
CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/23/2000

5. FEI Number

59-3666152

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

CAROLINE S. GARBER

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

1008 SINGLETON CR

Suite, Apt. #, Etc.

000060855260

10/21/05 01030 016 \*\*367 50

City

GROVELAND

State

FL

Zip Code

34736

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

Caroline S. Garber

Date 10-18-05

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
President	JAN L GARBER	1008 SINGLETON CR	GROVELAND, FL 34736
V. President	CAROLINE S Garber	1008 SINGLETON, CR	GROVELAND, FL 34736
Sec	KERRY WHETRO	1678 Ridgemoor Dr.	MASCOTTE, FL 34753

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 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:

JAN L Garber JAN L Garber

10/18/05 352-243-2296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #