

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
03 OCT 27 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01000003623**

1. Corporation Name

**Mt. Ararat Metropolitan Missionary Baptist  
Church, Incorporation**

**300024102123**  
10/27/03--01018--013 \*\*\$1.25

**REINSTATEMENT 03**

2. Principal Office Address

**1108 East Main Street**  
Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 493056**  
Suite, Apt. #, etc.

City & State

**Leesburg, Florida**

City & State

**Leesburg, Florida**

Zip

**3 4 7 4 8**

Country

**U S A**

Zip

**3 4 7 4 9**

Country

**U S A**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5 - 18 - 01**

5. FEI Number

**59-3759748**

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

**Min. Albert Haddon**

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

**26904 - Racquet Circle**

Suite, Apt. #, Etc.

City

**Leesburg**

State

**FL**

Zip Code

**3 4 7 4 8**

8. I, being appointed the registered agent of the above named corporation, do hereby agree to act as such agent and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Min. Albert Haddon*  
REGISTERED AGENT MUST SIGN

Date **10 - 20 - 03**

**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
<b>Pres.</b>	<b>Min. Albert Haddon</b>	<b>26904 - Racquet Circle</b>	<b>Leesburg, FL 34748</b>
<b>Sect.</b>	<b>Ida Parham</b>	<b>2114 - Woodland Blvd.</b>	<b>Leesburg, FL 34748</b>
<b>Tres.</b>	<b>Mary Lynum</b>	<b>1115 - Beecher Street</b>	<b>Leesburg, FL 34748</b>

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:

*Min. Albert Haddon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/20/03**

**(3 52) 787-6400**

Daytime Phone #

CR2E081 (10/02)