

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 18 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0200000194

1. Corporation Name

MT. ZION A.M.E. CHURCH OF LAWTEY, INC

REINSTATEMENT
CR2E081 (12/07) 06-08

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

~~P O BOX 4639~~ 2220 LAKE ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 463

Suite, Apt. #, etc.

City & State

LAWTEY, FLORIDA

City & State

Zip

32058

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/02

5. FEI Number
03-0430468

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

JIMMIE L. SCOTT

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

2530 LAKE STREET

Suite, Apt. #, Etc.

City

LAWTEY

State

FL

Zip Code

32058

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 01/23/08

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
D	JESSE J. MOORE, JR	22493 NE CR 200B	LAWTEY, FLORIDA 32058
D	JIMMIE L. SCOTT	2530 LAKE STREET	LAWTEY, FLORIDA 32058
D	CHARLIE J. BROWN	1499 E CR 225	LAWTEY, FLORIDA 32058

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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 807.0401 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: JIMMIE L. SCOTT, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/08

Date

(904) 782-3477

Daytime Phone #

8. MITCHELL FEB 18 2008