

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
11 AUG 30 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

ND2000008464

1. Corporation Name

Mt. Moriah Ministries, Inc

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

516 Hall Rd

3. Mailing Office Address

5419 Claredon Ct.

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Lamont, FL 32336

City & State

Tallahassee, FL 32303

Zip

32336

Country

USA

Zip

32303

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/2002

5. FEI Number

59-3665413

☐ 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

Kathleen Caldwell

Street Address - No P.O. Box #

5419 Claredon Ct.

Suite, Apt. #, Etc.

City

Tallahassee, FL

State

FL 32303

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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

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	Earnest Miller	8971 Miles Johnson Rd	Tallahassee, FL 32309
President	Clynell Washington	1321 Hall Rd	Lamont, FL 32336
President	Joe Moore, Jr	2888 Hall Rd	Lamont, FL 32336
President	Kathleen Caldwell	5419 Claredon Ct.	Tallahassee, FL 32303

10. E-mail Address:

Clynell48@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Kathleen Caldwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/30/11