

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

09 MAR 25 AM 11:51

DOCUMENT # N03000005016

1. Corporation Name

MOUNT MORIAH MISSIONARY BAPTIST CHURCH, INC.

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

29219 S.R. 19

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 75

Suite, Apt. #, etc.

City & State

TAVARES, FL

Zip

32778

Country

LAKE

City & State

TAVARES, FL

Zip

32778

Country

LAKE

4. Date Incorporated or Qualified
To Do Business in Florida

06.11.03

5. FEI Number

134256147

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

CLARENCE GREEN

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

10249 PATRICK DRIVE

Suite, Apt. #, Etc.

EE

City

LEESBURG

State

FL

Zip Code

34788

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.

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03/24/09--01007--020 **70.00

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

David Standifer
REGISTERED AGENT MUST SIGN

Date

2/26/09

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
PAST	DAVID A. STANDIFER	900 AVENUE T S.E	WINTER HAVEN FL, 33880
C	REGINALD B. GREEN	12145 LANE PARK RD.	TAVARES, FL 32778
P	BRUCE SHORT	12327 LANE PARK RD	TAVARES, FL 32778
D/P	JAN GREEN	12145 LANE PARK RD	TAVARES, FL 32778
T/S	LEAR SHORT	29632 SR 19	TAVARES, FL 32778

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03/06/09--01027--012 **183.75

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 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:

David A. Standifer David A. Standifer 2/26/09 863-528-8079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #