



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000004741 1. Entity Name THE MT. OLIVE COMMUNITY ENTERPRISES, INC.					
Principal Place of Business 2525 WEST CHURCH STREET ORLANDO, FL 32805				Mailing Address 2525 WEST CHURCH STREET ORLANDO, FL 32805	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

FILED
 06 DEC -4 PM 1:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



10302006 REIN-NP		CR2E099 (11/05)		06	
4. FEI Number APPLIED FOR 20-5964425				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREEN, SR., DAVID W 2525 WEST CHURCH STREET ORLANDO, FL 32805			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CD GREEN, SR., DAVID W 2525 WEST CHURCH STREET ORLANDO, FL 32805	<input type="checkbox"/> Delete	TITLE	500081957995 11/20/06--01061--009 **236.25			
NAME			NAME	Grimmage, Willie			
STREET ADDRESS			STREET ADDRESS	2525 West Church St			
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32805			
TITLE	T RAYAM, HARDY 1705 IDAHO AVE ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE	Fuller, Vernon			
NAME			NAME	2525 West Church St			
STREET ADDRESS			STREET ADDRESS	Orlando, FL 32805			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	S CLARK, DOROTHY 20826 MARLIN STREET ORLANDO, FL 32833	<input type="checkbox"/> Delete	TITLE				
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE				
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE				
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David W. Green Sr 11/15/06 407-295-6568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #