

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000005015

1. Corporation Name

ST. Mary M. B. Church, Inc.

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

3102 Wiley Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Mims, Florida

City & State

Zip

32754

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2644003

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rev. Ira Lightsey

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

2920 Jefferson St.

Suite, Apt. #, Etc.

City

Mims

State

FL

Zip Code

32754

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

Rev. Ira L. Lightsey

REGISTERED AGENT MUST SIGN

Date

9/30/24

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
DC	Alfonso Mole	1750 Tonya Lane	Titusville, FL 32796
DC	Alphonso McCullough	2595 E. Main St.	Mims, FL 32754
D	David Mitchell	2930 E. Main St.	Mims, FL 32754
D	Ronald Mitchell	3102 Limestone Cir.	Mims, FL 32754
D	Coleman Mitchell	2916 Cypress Ave.	Mims, FL 32754
D	Atlas McCullough Jr.	5377 Enchanted Ave.	Titusville, FL 32780

10. E-mail Address: revikco4@yahoo.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. I 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:

Rev. Ira L. Lightsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/24

Daytime Phone #