


08/22/06 90029 037 \$61.60

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|--------------------------------------|---|-------------------------|
| DOCUMENT # N05000007948 | | | |
| 1. Corporation Name MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF HASTINGS INC. | | | |
| 2. Principal Office Address 301 LODGE STREET | | 3. Mailing Office Address P.O. BOX 432 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State HASTINGS, FL | | City & State HASTINGS, FL | |
| Zip 32145 | Country ST. JOHNS | Zip 32145 | Country |
| 4. Date Incorporated or Qualified To Do Business in Florida | | 08/03/2005 | |
| 5. FEI Number | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | |
| Name GREGORY L. JAMES | | | |
| Street Address (P.O. Box Number is Not Acceptable) 70 MARTIN LUTHER KING AVE. | | | |
| Suite, Apt. #, Etc. | | | |
| City ST. AUGUSTINE | | State FL | Zip Code 32084 |
| 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 Gregory L. James | | Date 10-17-06 | |
| 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 |
| Pastor | Gregory L. James | 70 M. L. King Ave. | St. Augustine, FL 32084 |
| Treasurer | Cynthia A. Williams | 4513 Meadowwood Lane | Elkton, FL 32033 |
| Dea. | Thomas Mitchell Jr. | 153 Hart St. | East Palatka, FL 32131 |
| Dea. | Emanuel Parler | 301 Lodge St. | Hastings, FL 32145 |
| Dea. | Terrance Smith | 301 Lodge St. | Hastings, FL 32145 |
| 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: Gregory L. James | | 10-17-06 (904) 669-7480 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |

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