

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 AUG 20 AM 9: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N07000003312

1. Corporation Name

Mount Vernon Missionary Baptist Church Incorporated

REINSTATEMENT 08-09

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

4413 Barley Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32811

Country

US

3. Mailing Office Address

4034 Raleigh Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32811

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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  
FANNIE JONES

Street Address (P.O. Box Number is Not Acceptable)  
4413 BARLEY STREET

Suite, Apt. #, Etc.

City  
ORLANDO

State  
FL

Zip Code  
32811

☒ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of  
Registered Agent

*Fannie Jones*

REGISTERED AGENT MUST SIGN

Date *8/17/09*

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
Pastor	LEE, LEON A.	4034 RALEIGH STREET	ORLANDO, FL 32811
Chairman	JONES, CARVIN (DEACON)	4413 BARLEY STREET	ORLANDO, FL 32811
Clerk	JONES, FANNIE	4413 BARLEY STREET	ORLANDO, FL 32811
Assistant	LEE, DAISY <i>8/21</i>	2436 PIEDMONT STREET	ORLANDO, FL 32805

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:

*Pastor: Leon Alex Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/17/09*

Date

*(407) 692-8134*

Daytime Phone #