## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			SECRETALLAMASSEE, FLORIDA						
DOCUMENT # N 0 8 0 0 0 0 0 1 6 5 5									-411.50	$\mathcal{E}_{F}^{(i)}$	161E	
1. Corporation Name Mount Pelier Bapt						ist Church, Inc.				.,	RIDA	
Principal Office Address - No P.O. Box # 3. Mailing Off						ss		300247993943 05/16/1301017006 **367.75				
13175 Hwy 301 N. 60					ar Pl	ace		05/1	U5/15/13U101(UUD **35(.(5 CR2E081 (11/10)			
Suite, Apt. #	#, elc.		Suite, Apt. #, etc.					4. Date incorporated or Qualified				
City & State			City & State				To Do Business in Florida 9-12-2009  5. FEI Number   Applied For					
<u>Sum</u>	merf	iela	义,下上	Ocale	a. F	Country	<del></del>		206304	10	Not Applicable	
344		usi		344-	12	us	s pa	G. CERTIFICA	ATE OF STATUS DESIR		5 Additional Fee require or a Certificate of Status	
7. Name and Address of Current Registered Agent								5+,	State of Florida			
Jerome S. Gant								State of Florida County of Marion May 7, 2013 Produced Fladrivers License				
Street Address (P.O. Box Number is Not Acceptable)  6 Clear Place								Dondu	Produced Flantivers License			
Suite, Apt. #, Etc.								III III III III III III III III III II	ome C. Ja	mai	e	
Ocala State State								ARIXA	Fry Publi	2		
8. I, being appointed the registered agent of the above named corporation, am familiar with ad access of section 27.0505 or 617.0503, F.S.  Signature of Registered Agent Agent Agent Agent Must SIGN  REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN												
9. Names	s and Street A	ddresses	of Each Officer and	l/or Director (Flo	orida nonpro	ofit corpor	ations must in a	east 3 (years)s)				
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip			
PD	Jerome S. Gant				6 Clear Place				Ocala.	FL	34472	
SEC	Priscilla Hampton				PO BOX 1281				Summer	<u>Field</u>	J,FL 34492	
VPD	Jerome S. Gant				6 Clear Place				Ocala.	FL	34472	
AS	Jalisa Robie				5845 SE 135th St				Summer	<u>Fiel</u>	d,FL34491	
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	(EII	15.	IATE	MEN	Ţ		•		J. N	AWK	YE2	
	il Addres		<i>3011</i>	/ (	$\mathcal{N}_{\sigma}$	be used fo	r future annual repo	ort notification)		AL I (		
11. I certify that I am an officer or director or the receiver or frustee empowered to execute this application as provided for in chapter 607 or 6 LFM Help to 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:  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1												
2.2		ye	SIGNATURE AND T	PEU OR PRINTI	ED NAME OF	SIGNING	OFFICER OR DIREC		3-14-13 0ate	2200	Daytime Phone	