

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR -8 PM 10:56

DOCUMENT # N09000010823

1. Corporation Name

MOUNT CANAAN Missionary Baptist Church Inc.

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

500 E. Moreno ST.

Suite, Apt. #, etc.

3. Mailing Office Address

500 E. Moreno ST.

Suite, Apt. #, etc.

City & State

PENSACOLA

City & State

FL

Zip

32503

Country

USA

Zip

32503

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 2, 2010

5. FEI Number

59-3122553

☐ 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

Ethel O. Davis Mrs.

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

500 EAST MORENO STREET

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32503

900224185539
03/08/12--01023--006 **245.00

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

Ethel O. Davis

Date 3-1-12

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
P.	JAMES S. YOUNG, DR	800 WEST LEE STREET	PENSACOLA, FL. 32501
S.	ETHEL O. DAVIS	1020 EAST BARRS STREET	PENSACOLA, FL. 32503
T.	NATHANIEL CARTER	3017 NORTH SIXTH AVENUE	PENSACOLA, FL 32503
VP	DON HARTLEY	7608 UNTREINER AVENUE	PENSACOLA, FL 32505

10. E-mail Address: MOUNT CANAAN MBC @ATT.NET

(To be used for future annual report notification)

MAR 08 2012

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: Ethel O. Davis ETHEL O. DAVIS

3-1-12 (850) 43-36896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #