

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -2 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17603**
1. Corporation Name **NEW MOUNT ZOIN AFRICAN MEYHODIST
CHURCH, LAKE-HAMILTON FL. INC.**

2. Principal Office Address
530 KOKOMO ROAD
Suite, Apt. #, etc.
City & State
LAKE HAMILTON FL.
Zip
33851

3. Mailing Office Address
P.O. BOX 2288
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida
5. EEI Number **14-1918972** 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
Rev. Willie J. Hayes
Street Address (P.O. Box Number is Not Acceptable)
1096 W. Clower St.
Suite, Apt. #, Etc.
City
Bartow, State **FL** Zip Code **33831**

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. Willie J. Hayes** Date **2-6-05**
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
Ste- WARD	John D. JACKSON Sr.	9 Tangelo Dr.	Lake Hamilton, FL.
1. US- TEE	Walter Roberson	1009 Church St.	Lake Hamilton, FL. 33851
SEC.	Dorothy M. Mincey	509 Pearl St.	Lake Hamilton FL. 33851
STEW- ARD	Darleen Hayes	9 Tangelo Dr.	LAKE Hamilton,
TRE- SURE	Jessie Jackson	9 Tangelo Dr.	Lake HAMILTON 1/3/07

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 under section 119.07(3)(i), 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: **JOHN D. JACKSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)