PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
CORPORATION REINSTATEMENT	Service Contains of Ctata		TATE	FILED 09 JUN -3 PM 4:58 SERVE LANCY OF STATE TARLAMASSEE PLORIDA	
DOCUMENT # N19145 1. Comporation Name MOUNT CALVARY No clevisten INC	Nissiannay TS	aptist chu	h		
2. Principal Office Address - No P.O. Box # 766 De/IA TohiAs AUE Suite, Apt. #, etc.	ss 2098	1 114	000156722720 6/03/0901006023 **612.50 REINSTATERT 03-09		
City & State Clewiston, Florida Clewi				4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 5. Q-284/743 Applied For Not Applicable	
33440 Country 33440 USA	Zip 33440	Country			9-28/1/75 Not Applicable OF STATUS DESIRED 58.75 Additional Fee require tor a Certificate of Status
Name DWAYNE E, Brown Street Address (P.O. Box Number is Not Acceptable) 70 (a Della Tobias AVE Suite, Apt. #, Etc. City State Zip Code				☐ 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.	
CleWiston FL 33440 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 REGISTERED AGENT MUST SIGN Date MAY 26, 2009					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City Curv (Titles)					
Pas Par Brown, Dwayne	E. 706	704 Della Tobilas AVE			Clewiston, Fl 33440
Invite Addison, Joves	700	R	Aven		Clewiston, FL 33440
INSTER Williams, Ruby L	700	Bevaries	AUFI	_	Clewister, FL 33440
THUSE PATTIS MANY F				DUE	Clewiston, FL 38440
JUSTRE HENRY BAY BAYA M	bara M 700 BENGIA AVE			OUE	Clewiston, FL 33440
Trike Gibbons, MAngel	n 700	Brewgia	AVE	AUE	Clewiston, FL 33440
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.					

12 S JULY DWAY N.E. F. Brown MAY 26 2009 (863) 208-4955

NATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

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