

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 10 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24966

1. Corporation Name

MT. ZION EVANGELICAL BAPTIST CHURCH, INC.

Principal Place of Business

6720 NE 5TH AVE
MIAMI FL 33138
US

Mailing Address

P.O. BOX 202
MIAMI FL 33188

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1988

5. FEI Number

65-0510963

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CHERFILS, CIVILIEN	735 NW 124 ST.	MIAMI FL 33168
VD	CHERFILS, CIRIUS	281 N.E. 171ST TERRACE	MIAMI FL 33162
SD	MOLINE, RELIA	11090 N.E. 12TH AVENUE	MIAMI FL 33161
TD	CHERFILS, ALPHONSE SYLVER RAYMONVILLE	465 N.E. 15TH STREET 8733 N. MIAMI AVENUE	MIAMI FL 33162 MIAMI FL 33150
D	PIERRE, OTELBERT	1275 N.W. 126TH STREET	MIAMI FL 33168
D	NONORME, LUC	1481 N.E. 118TH TERRACE	MIAMI FL 33161

8. Name and Address of Current Registered Agent

CHERFILS, CIVILIEN
735 N.W. 124TH STREET
MIAMI FL 33168

9. Name and Address of New Registered Agent

Name: 99-178
Street Address (P.O. Box Number is Not Allowed): 860003078218-1
Suite, Apt. #, Etc.: -12/22/99-01073-017
City: *****236-25 State: FL Zip Code: *****236-25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-10-99

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-10-99 (305) 7540088