PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 PM 3:02

DOCUMENT # **N24966**

1. Corporation Name

MT. ZION EVANGELICAL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
6720 NE 5TH AVE MIAMI FL 33138 US	P.O. BOX 202 MIAMI FL 33168

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

REINSTATEMENT 00

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

14. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CHERFILS, CIVILIEN	735 NW 124 ST.	MIAMI FL 33168
VD	RAYMONVIL, SYLER	8733 N MIAMI AVENUE	MIAMI FL 33150
SD	MOLINE, RELIA CARLYLE JOSEPH	11090 N.E. 12TH AVENUE 452 NE 68ST	MIAMI FL 33161 MIAMI 33138
VD	CHERFILS, CIRIUS	281 N.E. 171ST TERRACE	MIAMI FL 33162
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: 100003469671--5
11/30/00--01020--013
****236.25 ****236.25
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (8/00)

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: CIVILIEN CHERFILS
REGISTERED AGENT MUST SIGN

Date: 10-25-00

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: CIVILIEN CHERFILS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-25-00

Daytime Phone #: (305) 754-0098