PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 21 PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24966

1. Corporation Name
MT. ZION EVANGELICAL BAPTIST CHURCH, INC.

6720 NE 5TH AVENUE
MIAMI FL 33138

REINSTATEMENT 03-04 TR

2. Principal Office Address		**3.** Mailing Office Address	
6720 NE 5TH AVENUE		MIAMI FL 33138	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33138	Country: USA	Zip: 33138	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 02/23/88

5. FEI Number 650510963 — ☐ 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: CIVILIEN CHERFILS

900036993049
05/21/04--01047--004 **367.50

Street Address (P.O. Box Number is Not Acceptable): 6720 NE 5TH AVENUE

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33138

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 _____ Date 05/18/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	CIVILIEN CHERFILS	6720 NE 5TH AVENUE	MIAMI FL 33138
VP	CIRIUS CHERFILS	71 NW 189TH STREET	MIAMI FL 33169
TD	SYLLER RAYMONVIL	481 NE 67TH STREET	MIAMI FL 33138
SD	EVELYNE JEAN LOUIS	6720 NE 5TH AVENUE	MIAMI FL 33138
SD	SAVOIR JULIEN	735 NW 124TH STREET	MIAMI FL 33168
TD	LUC NONHOMME	451 NE 68TH STREET	MIAMI FL 33138

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: _____ CIVILIEN CHERFILS — 05/18/04 — (305) 754-0098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #