

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

APPLICATION
FORM
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 16, 1998 8:00 am
Secretary of State

DOCUMENT # N29821

1. Corporation Name
Mt. Calvary Pentecostal Assembly, Inc.

Principal Place of Business Mailing Address
639 W. International Speedway
Daytona Beach, FL 32114
Mailing address: P.O. Box 9358, D.B., FL 32120

REINSTATEMENT

AD
1/16

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2951361 Applied For	
City & State		City & State		7406090526440 Not Applicable	
Zip	Country	Zip	Country	6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
1	2	3	4
President	Will Potter	702 Vista View Ct	Port Orange FL 32127
Director	Diana Potter	702 Vista View Ct	Port Orange, FL 32127
Director	Vanessa Kelly	203 Trinity Dr	Port Orange, FL 32127
Director	Betty Brower	APT #21 101 Bill Franc.	Daytona Beach, FL 32114
Director	Tyrone O'Fide	217 Florida Dr	Port Orange FL 32128
Director	Jessica Laing	11063 Monticello Loop	Port Orange FL 32119

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Alice Thompson		Name: Alice Thompson	
		Street Address (P.O. Box Number is Not Acceptable): 1111 Barbara Dr	
		Suite, Apt. #, Etc.	
		City: Daytona Beach	State: FL Zip Code: 32114

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: Alice Thompson REGISTERED AGENT MUST SIGN Date: 12/30/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Will Potter, Willie Potter 12/30/97 904/760-1829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRCE040 (12/96)