

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1996 OCT 31 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N30692

1. Corporation Name

NEW MOUNT OLIVE PRIMITIVE BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.

500001998505--5  
-11/07/96--01015--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00



Principal Place of Business

Mailing Address

3001 18TH AVENUE SOUTH  
ST. PETERSBURG FL 33712

3001 18TH AVENUE SOUTH  
ST. PETERSBURG FL 33712

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/14/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2930117

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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
P	RHODES, CARL II	2456 MELROSE AVENUE SO.	ST. PETERSBURG FL
S	WILLIAMS, JANE	620 36TH STREET SO.	ST. PETERSBURG FL
T	MORGAN, JULIA	<del>3001 18TH ST. SOUTH</del> 1930 Barcelona Way S.	ST. PETERSBURG FL
D	WALKER, KENNETH	4045 2ND AVENUE SOUTH	ST. PETERSBURG FL
S	DOWNIE, WILHELMINA	2155 22ND AVENUE SOUTH	ST. PETERSBURG FL
D	CRAWFORD, WILIE	4001 22NS AVENUE SO.	ST. PETERSBURG FL

8. Name and Address of Current Registered Agent

CAMERON, OTIS  
1100 25TH AVENUE SOUTH  
ST. PETERSBURG FL 33705

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

9/29/96

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)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/96 327-6722  
Date Daytime Phone #