

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 5:01

DOCUMENT # N32147

1. Corporation Name

NEW MOUNT ZION FREEWILL BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

5895 NW 23 AVE
MIAMI, FL 33142

5895 NW 23 AVE
MIAMI, FL 33142

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

REINSTATEMENT *qs-ou*

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	
City & State		City & State		65-0728538	
Zip	Country	Zip	Country	6. 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
CT	EUGENE HOLLIMAN	2340 NW 101 ST	MIAMI, FL 33147
DT	CHARLES JOHNSON	4303 NW 13 AVE	MIAMI, FL 33142
D	MARY JOHNSON	950 NW 175 ST	MIAMI, FL 33169
PTD	BUNION MACK	710 CURTISS DRIVE	OPA LOCKA, FL 33054
STD	HAZEL HOLLIMAN	2340 NW 101 ST	MIAMI, FL 33147

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JUNIE V. HORNE, CPA 3962 NW 167 ST MIAMI, FL 33054		Name: 600003496956--2 Street Address (P.O. Box Number is Not Permitted): 12712700--01046--009 Suite, Apt. #, Etc.: ****358.75 ****358.75 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: *Junie V. Horne* Date: 11/16/00
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 taxes 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)(b), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Bunion Mack* 305-681-7119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
BUNION MACK