

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

98 JUL 22 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37467**

1. Corporation Name
new Mt. Pleasant Baptist Church

Principal Place of Business Mailing Address
**7610 BISCAYNE BOULEVARD
MIAMI, FL 33138**

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 4-5-90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 96-9165-0191909	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		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
P	Rev. DR. W. R. Roundtree Jr.	506 NW 179th St	Miami, FL 33169
D	John H. Richburg	1045 NW 117th St	Miami, FL 33168
S	Jennetta M. Davis	5225 NW 30th Pl	Miami, FL 33142
T	Katie J. Barlow	249 SW 4th Ct	Homestead, FL 33030
T	Oneal Chaney	730 NW 76th St	Miami, FL 33050
T	Celostine Allen	8150 NW 13th Ct	Miami, FL 33147

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Jack Levine 168.55 N.E. 2nd Avenue Suite 303 North Miami Beach, FL 33162		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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: REGISTERED AGENT MUST SIGN Date: **7/20/98**

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 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: **Rev. DR. W. R. Roundtree Jr.** - Rev. DR. W. R. Roundtree Jr. 7-20-98 305-757-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)