

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 # **W37467**

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

Applied For

City & State

Zip

Country

Zip

Country

**96-9165-0191909**

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$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)

**100002600621--2**

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	Jannetta 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 <b>FL</b>	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

**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)