PLEASE READ ALL INSTRUCTIONS B . LETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 14 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49072 (4)

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REINSTATEMENT 15.00

1. Corporation Name
The Mount Pilgrim African Baptist Church, Inc

Principal Place of Business
410 Chara ST
Milton, FL 32570

Mailing Address
P.O. Box 321
Milton, FL 32570

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 5-26-1992

5. FEI Number: 59-3042845 | Applied For | Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	James Gilmore T	6956 Dalish Road	Milton, FL 32583
1st VP	Willie C. Hayes MD	6949 Javid Road	Milton, FL 32583
2nd VP	M. E. Johnson MD	1104 Barnes ST.	Milton, FL 32570
Secretary Clerk	Debra Levins D	4232 Woodsville Rd.	Milton, FL 32583
Treas.	Joanna Larkins D	1105 Mark's PL	Milton, FL 32570
Asst Tres.	Georgia S. David T	212 McCallister Ave	Milton, FL 32570

8. Name and Address of Current Registered Agent

Elaine Morgan
3 Webb Circle
Milton, FL 32570

9. Name and Address of New Registered Agent

Name: Joanna Larkins
Street Address (P.O. Box Number is Not Acceptable): 1105 Mark's PL
Suite, Apt. #, Etc:
City: Milton | State: FL | Zip Code: 32570

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: Joanna Larkins (REGISTERED AGENT MUST SIGN) Date: 3-24-99

11. This corporation owes 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 sect. in 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 exception 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: Joanna Larkins Joanna Larkins 3.24.99 850-626-2543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E104 (12/98)