


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> N49072			
<b>1. Corporation Name</b> Mount Pilgrim African Missionary Baptist Church, Inc.			
<b>2. Principal Office Address</b> 5103 MLK Jr. Drive Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P.O. Box 321 Suite, Apt. #, etc.	
<b>City &amp; State</b> Milton, FL Zip Country 32570 USA		<b>City &amp; State</b> Milton, FL Zip Country 32570 USA	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>			
<b>5. FEI Number</b> S93042845		Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<b>7. Name and Address of Current Registered Agent</b>			
Name <u>Connie Rodriguez</u> <span style="float: right;">400038819564</span>			
Street Address (P.O. Box Number is Not Acceptable) <u>4234 Woodsville Road</u> <span style="float: right;">07/07/04--01031--007 **122 50</span>			
Suite, Apt. #, Etc.			
City <u>Milton</u> <span style="float: right;">19/24/03 01046 005 193.75</span>			
State Zip Code FL 32583			
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>			
Signature of Registered Agent <u>Connie Rodriguez</u>		Date <u>June 30, 2004</u>	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	R.T. Wade Morton	7551 Holmes St.	Milton, FL 32570
	Chr. Dr. Robert Franklin	6624 Lee Street	Milton, FL 32570
Sec'y	Fredonia Morgan	4857 Webb Circle	Milton, FL 32570
Clerk	Vivian Rhodes	5587 Birch Street	Milton, FL 32570
Sec'y	Georgia S. David	5236 (212) McCallister St	Milton, FL 32570
Trustee			
Asst Treas.			
<b>10. 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.</b>			
<b>SIGNATURE:</b> <u>Wade Morton</u>		Date <u>6-30-2004</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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