PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 OCT 13 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N93000004999

1. Corporation Name

Mount Olive Housing and Community Development Corporation, Inc.

REINSTATEMENT 99-00

2. Principal Office Address		**3.** Mailing Office Address	
201 Ridge Road		Post Office Box 6364	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tallahassee, Florida		City & State: Tallahassee, Florida	
Zip: 32310	Country: USA	Zip: 32314	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11-5-93

5. FEI Number: 59-3207891 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Kenneth Barber

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-10/20/00--01067--011
****306.25 ****306.25

Street Address (P.O. Box Number is Not Acceptable): 201 Ridge Road

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32310

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.

Signature of Registered Agent: Kenneth Barber Date: 10-12-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Wilmoth H. Baker, III	308 West Brevard Street	Tallahassee, Florida 32301
VPD	Jim Bellamy	532 West Georgia Street	Tallahassee, Florida 32301
S	Darryl Scott	612 West Brevard Street	Tallahassee, Florida 32301
T	Alexis MacMillan	319 North Macomb Street	Tallahassee, Florida 32301
			AD

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.

SIGNATURE: James A Bellamy 10/13/00 488-7790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #