

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 17 PM 12:06

DOCUMENT # *19300005694*
1. Corporation Name
*Mt. Olive Primitive Baptist Church
of Jacksonville, Inc.*

300014451513
03/24/03--01003--020 **8.75

300014451513
03/24/03--01003--019 **420.00

2. Principal Office Address <i>1319 N. Myrtle Ave</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>P.O. Box 40845</i> Suite, Apt. #, etc.	
City & State <i>Jacksonville, Fl.</i>		City & State <i>Jacksonville, Fl.</i>	
Zip <i>32209</i>	Country <i>U.S.A.</i>	Zip <i>32203</i>	Country <i>U.S.A.</i>

4. Date Incorporated or Qualified To Do Business in Florida <i>12/20/93</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. FEI Number	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Lee E. Harris

Street Address (P.O. Box Number is Not Acceptable)
1319 N. Myrtle Ave

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32209

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 *Lee E. Harris* Date *3/17/03*

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
<i>Chair</i>	<i>Harris, Lee E.</i>	<i>1319 N. Myrtle Ave.</i>	<i>Jacksonville, Fl. 32209</i>
<i>D.</i>	<i>Gee, Birnett</i>	<i>2564 Minosa Circle W.</i>	<i>Jacksonville, Fl. 32209</i>
<i>D.</i>	<i>Perce, Harold</i>	<i>6720 Gaspar Circle</i>	<i>Jacksonville, Fl. 32218</i>
<i>T.</i>	<i>Robinson, Stanley</i>	<i>1319 N. Myrtle Ave.</i>	<i>Jacksonville, Fl. 32209</i>
<i>S.</i>	<i>Morgan, Jackie</i>	<i>1319 N. Myrtle Ave.</i>	<i>Jacksonville, Fl. 32209</i>

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: *Harold T. Perce* Harold T. Perce *3/17/03* (904) 765-8237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)