

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN -7 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000615

1. Corporation Name

Mt. Olive Missionary Baptist Church of Lake Harbor,
Florida, Inc.

2. Principal Office Address - No P.O. Box #

617 S.W. Avenue C

Suite, Apt. #, etc.

City & State

Belle Glade, Florida

Zip

33430

Country

USA

3. Mailing Office Address

P.O. Box 245

Suite, Apt. #, etc.

City & State

Lake Harbor, Florida

Zip

33459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

February 7, 1995

5. FEI Number

65-0633145

☒ 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

Reverend John H. Holman

Street Address (P.O. Box Number is Not Acceptable)

617 S.W. Avenue C

Suite, Apt. #, Etc.

City

Belle Glade

State

FL

Zip Code

33430

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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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

John H. Holman

REGISTERED AGENT MUST SIGN

Date

1/4/08

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	John H. Holman	617 S.W. Avenue C	Belle Glade, Florida 33430
VD	Major Thornton	1211 Louisiana Avenue	Clewiston, Florida 33440
SD	Gully Weston	190 N. State Road 715	Belle Glade, Florida 33430
SD	Mary Ford	300 S.W. 1st Street	South Bay, Florida 33493
SD	John A. Ford	126 Wakula Springway	Royal Palm Beach, Florida 33411
TD	Annette Moore	501B Prewitt Village	Belle Glade, Florida 33430

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 contained in Chapter 119, 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:

John H. Holman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Holman

1/4/08

(561) 985-0476

Daytime Phone #

1/8aw