## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

				<del></del>				
DOCUMENT # N95000003924  1. Entity Name					FILED			
NEW MT. ZION MISSIONARY BAPTIST CHURCH, INC.					07 OCT 17	PĦ 2: I	6	
Principal Place of Business 1321 NORTH WEBSTER AVE. LAKELAND, FL 33805		Mailing Address 1321 NORTH WEBSTER AVE. LAKELAND, FL 33805			SEGNETAN FALLAHASS			
		1						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		LODESTIN OFF	ATEMENT.	E099 (1/07)		
City & State		City & State		4. FEI Number 59-205238	6	)— <del>——</del>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required		
Name and Address of Current Registered Agent				7. Name and Add	ress of New Registere	d Agent		
HARDIE, JOE S REV.			Name					
	MANS PATH D, FL 33809		Street Addi	ress (P.O. Box Number is N	(P.O. Box Number is Not Acceptable)			
5 ((25 (4.5), 7 2 66665								
8. The above named entity submits this statement for the purpose of changing its registere			City	FL				
	named entity submits this statement fi clons of registered agent.	or the purpose of changing its r	egistered office or re-	gistered agent, or both, in	the State of Florida. I a	ım familiar with,	and accept	
SIGNATURE (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	ignature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature	e required when reinstating)	DAT	E		
	grature, typed or printed name of registered agent FILE NOW!!! FEE IS \$236.25 anuary 1, 2008, Fee will be \$297		Registered Agent signatur	e required when reinstating)	Make che	eck payable to		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-07 | 8637 686-6793 Dayume Phone #