

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2692
CORPORATION
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 JUN -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004597

1. Corporation Name

MACEDONIA M.B. CHURCH
Missionary Baptist Church of Zephyrhills,
Inc.

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

5604 BROWN AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5604 BROWN AVE

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL

City & State

FL

Zip

33542

Country

PASCO

Zip

33542

Country

PASCO

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-333-4724

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

CLARENCE HOLTON

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

1134-69th ST SO

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33619

JUN 1 2012

S. TONER

200235747812
05/31/12--01026--021 **\$1.50

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

Clarence Holton

REGISTERED AGENT MUST SIGN

Date

5/28/12

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
DEC	LEWIS MITCHELL	14680 - 8 th AV	DADE CITY FL 33528
DEC	CLARENCE HOLTON	1134-69 th ST SO	TAMPA FL 33619
DEC	RONALD STEWERT	46215 LYNNAROCK DR	ZEPHYRHILLS FL 33542
DEC	LARRY ROBERTS	11319-ORANGETREE DR	DADE CITY 33528
DEC	KENNETH G McCOBOW	8850 COUNTY RD 54	ZEPHYRHILLS FL 33542
DEC	FRANK WILLIAMS	7809- ARMS DR	ZEPHYRHILLS 33542

10. E-mail Address: HOLT BUEI@YAHOO.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

CLARENCE HOLTON

Clarence Holton

5/28/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #