

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																								
DOCUMENT # <u>195000005446</u>																											
1. Corporation Name <u>Mount Sinai African Methodist Episcopal Zion Church, Corporation</u>																											
2. Principal Office Address <u>2909 N. Nebraska Ave.</u> Suite, Apt. #, etc.																											
3. Mailing Office Address <u>2909 N. Nebraska Ave.</u> Suite, Apt. #, etc.																											
City & State <u>Tampa, FL</u>		City & State <u>Tampa, FL</u>																									
Zip <u>33602</u>	Country <u>USA</u>	Zip <u>33602</u>	Country <u>USA</u>																								
4. Date Incorporated or Qualified To Do Business in Florida <u>11/15/1995</u>																											
5. FEI Number <u>59-2404288</u>																											
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status																											
7. Name and Address of Current Registered Agent  Name <u>Rev. George N. Bolden, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3608 N. 26<sup>th</sup> St.</u> Suite, Apt. #, etc.  City <u>Tampa</u>																											
State <u>FL</u> Zip Code <u>33605</u>																											
REINSTATEMENT 03-04																											
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 <u>George N. Bolden Jr.</u>		Date <u>4/24/2006</u>																									
REGISTERED AGENT MUST SIGN																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																											
<table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>C</td> <td><u>Evora Pimento</u></td> <td><u>3306 Rivergrove Dr.</u></td> <td><u>Tampa, FL 33610</u></td> </tr> <tr> <td>VC</td> <td><u>Mary Williams</u></td> <td><u>13410 Laplace Cir., Apt. 128</u></td> <td><u>Tampa, FL 33612</u></td> </tr> <tr> <td>S</td> <td><u>Priscilla Workman</u></td> <td><u>B350 Savannah Trace Cir. # 208</u></td> <td><u>Tampa, FL 33615</u></td> </tr> <tr> <td>T</td> <td><u>Hosea Gallmon</u></td> <td><u>5023 South 85<sup>th</sup> St.</u></td> <td><u>Tampa, FL 33619</u></td> </tr> <tr> <td>P/CEO</td> <td><u>George N. Bolden, Jr.</u></td> <td><u>3608 N. 26<sup>th</sup> St.</u></td> <td><u>Tampa, FL 33605</u></td> </tr> </tbody> </table>				Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	C	<u>Evora Pimento</u>	<u>3306 Rivergrove Dr.</u>	<u>Tampa, FL 33610</u>	VC	<u>Mary Williams</u>	<u>13410 Laplace Cir., Apt. 128</u>	<u>Tampa, FL 33612</u>	S	<u>Priscilla Workman</u>	<u>B350 Savannah Trace Cir. # 208</u>	<u>Tampa, FL 33615</u>	T	<u>Hosea Gallmon</u>	<u>5023 South 85<sup>th</sup> St.</u>	<u>Tampa, FL 33619</u>	P/CEO	<u>George N. Bolden, Jr.</u>	<u>3608 N. 26<sup>th</sup> St.</u>	<u>Tampa, FL 33605</u>
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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: <u>George N. Bolden, Jr.</u> <u>George N. Bolden Jr.</u>		4/24/06 (813)247-4220																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2006

MOUNT SINAI AFRICAN METHODIST EPISCOPAL ZION CHURCH, CO  
2909 N NEBRASKA AVE  
TAMPA, FL 33602

SUBJECT: MOUNT SINAI AFRICAN METHODIST EPISCOPAL ZION  
CHURCH, CORPORATION  
Ref. Number: N95000005446

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We have received your document for MOUNT SINAI AFRICAN METHODIST EPISCOPAL ZION CHURCH, CORPORATION and check(s) totaling \$236.25. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2003 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application or annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is \$420.00. Add an additional \$8.75 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott

Document-Specialist

Letter-Number: 006A00034479

As per your conversation with Rev Zakey, I am  
sending 420.00 for re-enrollment. Thanks for  
your cooperation

Sincerely  
Levora Pernell  
Chair - Trustee Board