


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N96 000006616</u>			
1. Corporation Name MOUNT CARMEL BAPTIST CHURCH, INC.			
2. Principal Office Address 425 E. Anderson Street Suite, Apt. #, etc.		3. Mailing Office Address P. O. Box 30323 Suite, Apt. #, etc.	
City & State Pensacola, Florida		City & State Pensacola, Florida	
Zip 32503	Country USA	Zip 32503	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 02/05/1996		5. FEI Number 59-3372159	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

FILED
05 OCT 25 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

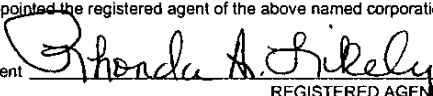
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CR2E081 (8/05)


7. Name and Address of Current Registered Agent			
Name Rhonda A. Likely			
Street Address (P.O. Box Number is Not Acceptable) 425 E. Anderson Street			
Suite, Apt. #, Etc.			
City Pensacola		State FL	Zip Code 32503

REINSTATEMENT 00-05

T. Roberts OCT 28 2005

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 	Date 10/20/05
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
D	Carter, Deborah	1620 West St. Joseph	Pensacola, FL 32505
D	Epps, Regina	221 Boone Street	Pensacola, FL 32505
D	Johnson, Michael	3106 North 6th Avenue	Pensacola, FL 32505
D	Jones, Rosa	704 Wenonah Street	Pensacola, FL 32505
D	Yelder, Parasine	1292 Basin Street	Pensacola, FL 32505

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: 	Date 10/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # (850) 474-2946