

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005144

1. Corporation Name

Mt. Calvary Community Development Corporation,  
Inc

2. Principal Office Address

272 1st Street

Suite, Apt. #, etc.

City & State

Belle Glade, Fl 33430

Zip

Country

33430 USA

3. Mailing Office Address

P.O. Box 341

Suite, Apt. #, etc.

City & State

Belle Glade, Fl

Zip

Country

33430 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/03/96

5. FEI Number

65-0694578

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

FILED  
03 APR 28 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Leon Camel

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

8167 Mystic Harbour Circle

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

REINSTATEMENT 97-03  
cc

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

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
P/D	Lionel Camel	8167 Mystic Harbour Cir	Boynton Bch, Fl 33436
S/D	Beatrice Rumph	740 SW 10th Street	Belle Glade, Fl 33430
T/D	Joe Kyles	275 NW 9th Ave.	South Bay, Fl 33493

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

564 385-1175

Daytime Phone #

CR2E081 (10/02)