PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -6 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005013

1. Corporation Name

MT. ZION AFRICAN Methodist EPISCOPAL Zion church CORPORATION

Principal Place of Business	Mailing Address
920 N. PARSONS AVE SEFFNER FL 33584	2909 N. NEBRASKA AVE TAMPA FL 33602

98-99 AR

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

MT ZION AME Zion church
Suite, Apt. #, etc.
2909 N. NEBRASKA AVE
City & State
TAMPA FL
Zip 33602 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida
9-3-1997

5. F.E.I. Number 59-3460628
~~Applied For~~

☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PPD	Curtis Swafford ~~2909 N. Nebraska Ave Tampa FL 33602~~	2909 N. NEBRASKA AVE	TAMPA FL 33602
T	CAROTHERS Billingsley	310 Country Vineyard Road	VALRICO FL 33594
T	Rodney E WATKINS	908 Country Vineyard Road	VALRICO FL 33594
T	PAMELA WATKINS	908 Country Vineyard Road	VALRICO FL 33594

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****297.50 ****297.50

8. Name and Address of Current Registered Agent

CURTIS A SWAFFORD
2909 N. NEBRASKA AVE
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City | State FL | Zip Code

CR2E086 (1/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Curtis A Swafford
REGISTERED AGENT MUST SIGN

Date 3-18-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. 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: Curtis A Swafford CURTIS A SWAFFORD 3-18-99 813-229-3573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #