

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 AM 11:05

DOCUMENT # **N98000007074**

1. Corporation Name
**MT. OLIVE MISSIONARY BAPTIST CHURCH OF BRADLEY,
FL., INC.**

Principal Place of Business 155 CHURCH AVE BRADLEY FL 33835	Mailing Address P.O. BOX 191 BRADLEY FL 33835
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REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 63-0009423	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BORDERS, LEO	6530 OLD HWY 37	MULBERRY FL 33860
D	WOODY, TILLIE A	150 NORTH AVE.	BRADLEY FL 33835
D	ROBERTS, DAHLAIA	820 CROWN AVE	BARTOW FL 33830
D	WILCOX, LEVI M	6951 WILSON AVE.	BRADLEY FL 33835
D	WYNN, RALPH R	1070 TEE CIRCLE EAST	BARTOW FL 33830
D	PITTS, PAYTON	130 MCCALL AVE	BRADLEY FL 33835

8. Name and Address of Current Registered Agent KENDRICK, EUGENE T 10 WILLIAMS STREET MULBERRY FL 33860		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
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400003168934--5
11/17/00 State Zip Code
****236.FL ****236.25

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 Eugene J. Kendrick Date 10/15/00
REGISTERED AGENT MUST SIGN

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., 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: Ralph R. Williams Date 10/15/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)