

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 FEB 26 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # N99000000215

**1. Corporation Name**

ST. John's Missionary Baptist  
Church of Mount Dora, Florida, Inc

**2. Principal Office Address**

1571 Garda Ave

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

32771

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/11/1999

**5. FEI Number**

59-3554992

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$375 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

00-02

**7. Name and Address of Current Registered Agent**

Name

Knight, Lewis

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

1571 Garda Ave

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/26/02

**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.S.	Debra Knight	1571 Garda Ave	Sanford FL 32771
CEO	Lewis Knight	1571 Garda Ave	Sanford, FL 32771
D	Michael Vallo	1571 Garda Ave	Sanford, FL 32771
D	James Harris	1571 Garda Ave	Sanford, FL 32771
D	Celestine Knight	1571 Garda Ave	Sanford, FL 32771

**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

Date

2/26/02

Daytime Phone #

CR2E081 (9/01)