

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 28 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000002917**

1. Corporation Name

Mt. Calvary Missionary Baptist Church of Ocala, Inc.

2. Principal Office Address - No P.O. Box #

5000 SW College Road

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34474

Country

USA

3. Mailing Office Address

5000 SW College Road

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34474

Country

USA

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

N/AE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cook, Bennie

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

5000 SW College Road

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Richard Leahmon
REGISTERED AGENT MUST SIGN

Date

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
CT	Leahmon, Richard	5400 SW College Road	Ocala FL 34474
T	Gray, Lagusta	1790 SW 80 Avenue	Ocala FL 34482
S	Williams, Paula	1714 SW Third Street	Ocala FL 34474
T	Nelson, Rosa	5000 SW College Road	Ocala FL 34474
T	Cole, Wilbert	5000 SW College Rd	Ocala FL

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 contained in Chapter 119, 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:

Richard Leahmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/07 | *261-4000*
Date Daytime Phone #