

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 16 AM 11:38

DOCUMENT # P01000027553

1. Corporation Name

**MACK KING CARTER MINISTERIAL ENTERPRISES  
INC.**

**400123774834**  
04/17/08--01003--018 \*\$1500.00

CR2E081 (12/07)

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

2350 NW 28TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2350 NW 28TH STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

Zip

33311

Country

USA

Zip

33311

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/16/2001

5. FEI Number

65-1085453

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

MACK KING CARTER

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

2350 NW 28TH STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33311

☐ 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

*Mack King Carter*

REGISTERED AGENT MUST SIGN

Date *4/14/08*

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
PT	MACK KING CARTER	2350 NW 28TH STREET	FORT LAUDERDALE, FL 33311
VPS	PATRICIA T CATER	2350 NW 28TH STREET	FORT LAUDERDALE, FL 33311

REINSTATEMENT 03-08

13 4/17/08

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:

*Mack King Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/14/08*

Daytime Phone #