PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 20 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748252

1. Corporation Name

PEACE MISSIONARY Baptist Church

2. Principal Office Address	3. Mailing Office Address
11500 N.W. 17TH AVE.	11500 NW 17TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33167 Country: USA	Zip: 33167 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/30/79

5. FEI Number: 65-0070278 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: REV. TRACY L. McCLOUD, D. MIN

Street Address (P.O. Box Number is Not Acceptable): 20820 N.E. 14TH AVENUE

Suite, Apt. #, Etc:

City: MIAMI State: FL Zip Code: 33179

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06/29/05--01059--007 **35.25
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07/29/05--01056--004 **70.00

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: Tracy L. McCloud Date: 6/27/05
REGISTERED AGENT MUST SIGN

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
TRUSTEE	MARY P. VEREEN	3330 N.W. 176TH TERR	MIAMI GARDENS, FLA. 33056
DEACON	EDDIE RANDLE	8301 N.W. 23rd AVE	MIAMI, FLA. 33147
DEACONESS	GWEN R. LENO	300 S.W. 29TH TERR.	FT. LAUDERDALE, FLA. 33312
DIRECTOR WOMEN MIN.	DR. EVELYN McCLOUD	3025 N.W. 205TH STREET	MIAMI, FLA. 33055
PASTOR EMERITUS	DR. T. W. McCLOUD	3025 N.W. 205th STREET	MIAMI, FLA. 3055
TREASURER	LINDA VEREEN	17641 N.W. 23rd AVE	MIAMI GARDENS, FLA. 33056

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: Tracy L. McCloud 6/27/05 305-219-1566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #