PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAR -8 AM 11:59

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03/08/11--01018--002 **70.00

CR2E081 (11/10)

DOCUMENT # 748252

1. Corporation Name
Peace Missionary Baptist Church, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11500 N.W. 17th Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Miami, Florida	City & State
Zip: 33167 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Name: Rev. Dr. Tracy L. McCloud Sr.
Street Address (P.O. Box Number is Not Acceptable): 20820 N.E. 14th Avenue
Suite, Apt. #, Etc
City: NMB | State: FL | Zip Code: 33179

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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: 2/6/11
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
Pastor	Rev. Dr. Tracy L. McCloud	20820 N.E. 14th Ave	NMB, Fl. 33179
Trustee	Mary P. Vereen ✓	3330 N.W. 176 terr.	Miami, Fl. 33056
Deacon	Crittenden S. Crittenden	2981 N.W 157th Street	Miami, Gardens, Fl. 33054
Deacon	Ronald E. Lee ✓	1738 N.W 115 Street	Miami, Fl. 33147
Deaconess	Gwendolyn R. Leno	300 S.W. 29 terr.	Ft. Lauderdale, Fl. 33312
Pastor Emeritus	Rev. Dr. Thomas W. McCloud	3025 N.W. 205 Street	Miami, Fl. 33056

10. **E-mail Address:** _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Tracy L. McCloud — 2/6/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #