

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

08 FEB 14 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20

2/19/08

100118071601
02/14/08--01039--033 **306.25

01-08

REINSTATEMENT

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749919

1. Corporation Name

New Saint Mark Missionary Baptist Church

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

744 N.W. 54th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

USA

3. Mailing Office Address

820 N.W. 84th Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33150

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

11-27-79

5. FEI Number

650195512

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

Esther L. Pinkney

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

820 N.W. 84th Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33150

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

Dr. Esther L. Pinkney

Date 2-12-08

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
PD	Pinkney, Silas	820 N.W. 84 th Terr.	Miami, FL 33150
VSD	Pinkney, Esther L.	820 N.W. 84 th Terr.	Miami, FL 33150
D	Brown, Jeannie	6920 N.W. 3 rd Ave.	Miami, FL 33150

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:

Silas Pinkney - Silas Pinkney - 2-12-08 305-696-9964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #