

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 AUG -3 AM 10:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N05000006661

1. Corporation Name

East Side Baptist of Homestead, Inc.

500182247205
06/17/10--01035--011 **490.00

REINSTATEMENT

CR2E081 (4/10)

07-10

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

1541 SE 12 AVE

3. Mailing Office Address

1541 SE 12 AVE

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

Homestead FL

City & State

Homestead FL

Zip

33035

Country

USA

Zip

33035

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/2005

5. FEI Number

861063184

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joe Borek

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

1541 SE 12 AVE

Suite, Apt. #, Etc.

#3

City

Homestead, FL

State

FL

Zip Code

33035

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

[Signature of Joe Borek]

REGISTERED AGENT MUST SIGN

Date *6-14-10*

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
<i>Pres</i>	<i>Joe Borek</i>	<i>19380 SW 264 St</i>	<i>Homestead FL 33031</i>
<i>Sec</i>	<i>Faith Duncan</i>	<i>19380 SW 264 St</i>	<i>Homestead FL 33031</i>

10. E-mail Address: *Joe Borek @ BellSouth.net*

(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., 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.

SIGNATURE

[Signature of Joe Borek]

(SIGNATURE AND TITLE, PRINT NAME OF SIGNING OFFICER OR DIRECTOR)

Date

6-14-10

Daytime Phone #