

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 2:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 701200

1. Corporation Name
SWEETFIELD BAPTIST CHURCH INCORPORATED, OF MIAMI, DADE COUNTY, FLORIDA

Principal Place of Business Mailing Address
3585 PLAZA STREET MIAMI FL 33133 US

400009099254



REINSTATEMENT
 11/20/02--01023--007 **61-25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/15/1960	
City & State		City & State		5. FEI Number	
Zip		Country		05-0184000	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BELL HALL, ANNIE	3848 ELIZABETH STREET	MIAMI FL 33133
D	STRAGEN, MATTHEW STRINGER, MATTIE	11251 NEW YORK DR	MIAMI FL 33176
T	PARKER, EMANUEL	21935 S.W. 109 AVENUE	MIAMI FL 33170
S	VICKERS, TERRI	6100 S.W. 68TH STREET	MIAMI FL 33143
VP	ELZIE, JACKSON Julia Vickers	3001 N.W. 55 STREET 6104 S.W. 68 ST.	MIAMI FL 33142 MIAMI FL 33143
D	COBBS, BETTY J	13933 MERCHNE STREET	MIAMI FL 33136

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MCFADDEN, EARNEST 6250 S.W. 58 PLACE MIAMI FL 33143		Name Julia Vickers Street Address (P.O. Box Number is Not Acceptable) 6104 SW 68 ST Suite, Apt. #, Etc. City Miami	
		State FL	
		Zip Code 33143	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *Julia Vickers* **SIGNATURE REQUIRED** Date: 11-02-02
 REGISTERED AGENT MUST SIGN

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 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: *Earne MCFadden* **SIGNATURE REQUIRED** Date: 11-12-02 305 Daytime Phone #: 666-8972
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)