

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

15 NOV 15 PM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # 701200  
1. Corporation Name  
Sweetfield Baptist Church  
Incorporated of Miami, Dade County,  
Florida

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address  
3585 Plaza St. 3585 Plaza St.

Suite, Apt #, etc. Suite, Apt #, etc.  
Miami, Florida, Florida  
City & State City & State

33133 33133  
Zip Zip  
USA USA  
Country Country

4. Date Incorporated or Qualified To Do Business in Florida  
July 15, 1960  
5. FEI Number 05-0184000 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Name and Address of Current Registered Agent  
Name: Julia F Falco  
Street Address (P.O. Box Number is Not Acceptable): 3421 Fla. Ave  
Suite, Apt #, etc. Miami  
City, State, Zip Code  
FL 33133

~~11/15/16--01031--012 \*\*\$61.25~~  
800291340558  
11/15/16--01031--012 \*\*\$61.25  
800291340558  
10/18/16--01004--027 \*\*\$61.25

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: Julia F Falco Date: 10/7/16  
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
D	Homer, Robert	3185 Hibiscus St.	Miami, FL 33133
D	Stringer, Mattie	11251 Douglas Rd.	Miami, FL 33176
D	Cobbs, Betty J.	13933 Monroe St.	Miami, FL 33136
T	Bell, Tiffany N.	20221 S.W. 112th Ave.	Miami, FL 33189
S	Falco, Julia F.	3421 Florida Ave.	Miami, FL 33133

10. E-mail Address: Edmond Sherron @ G mail . com  
(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: Mattie Stringer Date: 10/7/16  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RE 11/16/16