

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703920

1. Corporation Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF NORTH DADE COUNTY, INC.

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

1820 N.W. 170th St.

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

Zip
33056

Country
U.S.

3. Mailing Office Address

1820 N.W. 170th St

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

Zip
33056

Country
U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

1962

5. FEI Number

23-7268642

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
Oscar J. Edwards

Street Address (P.O. Box Number is Not Acceptable)
1820 N.W. 170th Street

Suite, Apt. #, Etc.

City
Miami Gardens

State
FL

Zip Code
33056

☒ 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

Oscar J. Edwards
REGISTERED AGENT MUST SIGN

Date

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	Harold Guinyard	1221 N.W. 175th Street	Miami Gardens, FL 33169
D	Ethel Parms-Grier	15930 N.W. 17th Court	Miami Gardens, FL 33054
D	Oscar J. Edwards, Jr.	1820 N.W. 170th Street	Miami Gardens, FL 33056
D	Keith Clarke	2908 N.W. 91st Street	Miami, FL 33147
D	Alice R. Haxton	14755 Garden Drive	Miami, FL 33168

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:

Oscar J. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 625-2476

Daytime Phone #

JF 2/16