PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATE		FLOR	RIDA DEPARTMEN Secretary of St DIVISION OF CORPOR	ate	, i	-2 PH 12: 16		
DOCUMENT # 704 384						EECKETARY OF STATE TALLAHASSEE. FLORIDA		
1. COPPORATION NAME GREATER NEW BETHLEHEM MISSIONARY BAPTIST CHURCH, INC.						1/104	T (2017 200)	
MIAMLEL JOIL			3. Mailing Office Address 40TH ST, AMAM FL 33127 Suite, Apt. #, etc.			CR2E081 (12/05)		
City & State			City & State		4. Date Incorporated or Qualified To Do Business in Florida 09/07/1962 5. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Country 6.			Not Applicable S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent Name								
VANE EUBANKS OK. Street Address (P.O. Box Number is Not Acceptable) 42.0 N.W. 40TH STILEET Suite, Apt. #, Etc. City State Zip Code FL 33/27 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 Agent Park Balance Date D7/18/D6 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	et Addresses of Each Name Officers and/o	of	s	treet Address of Eac officer and/or Directo	:h	City / Stat	e / Zip	
PD VAN	VANE EUBANKS S.L.		3940 N.H	3940 N.W. 187TH TEAL		MIAMI, FL 33055		
VD LER	LEROY BUTLER			420 N.W. 40TH ST.		MIAMI, FL 33/27		
TD R.C	HOLN	IES		W.40TH		MIAMI, FL 3	33127	
SD DE	LORES	MILL	S 1272 N.E	E109 S	П.	MIAMI, FL	· · · · · · · · · · · · · · · · · · ·	
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 agriature shall have the same legal effect as if made under oath. SIGNATURE SIGNATUR								