2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT,

1. Entity Nam	MENT # 704623 BAPTIST CHURCH, INC.	•			05 MAY -4 PI SECRETARY OF TALLAHASSEE,		
Principal Place of Business 1790 NW 55TH ST MIAMI, FL 33142 Mailing Address PO BOX 505 MIAMI, FL 33142 US			5	1 101811 (6618 1461)			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11042004 apr	(MAID ————————————————————————————————————	DO TELINA MA	
City & State		City & State		4: EEI Number 05-003720	08	Not Applicable	
Zíp	Country	Zip	Country	5. Certificate of S		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	dress of New Registered A	Agent	
LANE, ETTA 1551 NW 132 ND STREET MIAMI, FL 33-1670			Name	Name			
			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
				KEINDIAIEIVIENI 04-05			
			City .		, FT	Zip Code	
	named entity submits this statement to ions of registered agents	or the purpose of changing its r	egistered office or	registered agent, or both, ir	the State of Florida. I am g	familiar with, and accept	
SIGNATORIE.	Signature, typed or printed name of registered agent	and title d applicable. (NOTE:	Registered Agent signal	ture required when reinstating)	DATE	i	
	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$236.25 Inuary 1, 2005, Fee will be \$297		Registered Agent signal	ture required when reinstating)		c payable to tment of State	
	FILE NOW!!! FEE IS \$236.25	.50	Registered Agent signal			tment of State	
After Ja	FILE NOW!!! FEE IS \$236.25 inuary 1, 2005, Fee will be \$297 OFFICERS AND DI	.50		ADDITIONS/CHANG	Florida Depar	tment of State	
After Ja 10. TITLE NAME	FILE NOW!!! FEE IS \$236.25 inuary 1, 2005, Fee will be \$297 OFFICERS AND DI SOD WILLIAMS, WILLIE	.50	11. TITLE NAME	ADDITIONS/CHANG	Florida Depar	RECTORS IN 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

HE GCL Etke LCITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lacine