PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEP Secre	ARTMEN of Sta	T OF FAR ate TIONS 13	ERF. JUN	ARY OF ASSEE, FI	STATE ORIDA 2: 55		
DOCUMENT # 1/05/8			,			,		
1. Corporation Name THE DRAKE MEMOI INC.	RIAL BAPT	IST CH	WRCH	<i>i</i>				
2. Principal Office Address - No P.O. Box # 5800 NW 2ND AVENUE Suite. Apt. #, etc.	3. Mailing Office A 5800 Ne Suite, Apt. #, etc.		p Aver			CR2E081 (11	/10)	
City & State	City & State				4. Date Incom To Do Bus	porated or Qualified siness in Florida 3//£	5/1966	
MIAMI, FLORIDA	MIAMI,	FLOR	CIDA		5. FEI Numb		Applied For Not Applicable	
21p Country 33127	33127	Country			6. CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address o		Agent						
Street Address (P.O. Box Number is Not Acceptable) 19115 NW 10th Avenue Suite, Apt. W, Etc.					900248664299 06/06/1301021012 **8.75 900248664299 06/06/1301021011 **300.00			
MIAMI GARDENS		FL 33/69			0670 	6/1301021	711 ¥¥300.00	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent MUST SIGN					gations of sec	Date Just 2	, F.S. , 2013	
9. Names and Street Addresses of Each Officer and	d/or Director (Florida n	•			t 3 directors)		13-13	
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director				NSIAT	EMENT	
P SAMUEL TRICE		6031 NW 199th Street			reet	MIAMI, FL	ORIDA 33015	
T ARTHUR FAIR		8535 NW 3/51 BURT			PT	MIAMI, FL	ORIDA 3347	
JACKIE GABE-CORNELIUS		19115 NW 10th Avenue			enve	MIAMI GA	ROGNS, AWRIDA 33/14	
T RON DRIVER		5720NW 5th Avenue			enve	MIAMI, FL	ORDA 33127	
T LEOLA WELLS		559 NW 58th STREET			REET	MIAMI, FL	ORIDA 33127	
T KHADIJAH DEAN WIL	LIAMS 830	8364 5.W 23rd COURT			e IT	MIRAMAR, FLO	20RIDA 33130 20RIDA 33025	
10. E-mail Address: drakeme morial baptist church @ beil South: net AND at drakememorial baptist church @ aff. net (To be used for future annual report notification)								
Certify that I am an officer or director or the receive reinstatement application, the reason for dissolution owed by the corporation have been paid, further if made under oath. I am aware tractifies information.	n has been eliminated, certify, the information in	the corporate in indicated on this	name satisfie s application	s the required is true and	uirements of so ad accurate, ar	ection 607.0401 or 617.04 id my signature shall have	01, F.S., and that all fees the same legal effect as	
SIGNATURE: MMUT	PED OR PRINTED NAM	ARTI E OF SIGNING	TUR	FAIR	<u>ز</u>	June 2, 2013	305696 7240 Daytime Phone W	