PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 27 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712748

**REINSTATEMENT** 93-04

300041365593
09/27/04--01043--001 **988.75

**1.** Corporation Name
First Missionary Baptist Church Of Lincoln City

9845 S. W. 213 Street
Same

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 9845 S. W. 213 Street | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, Florida | City & State: |
| Zip: 33189 / Country: Miami-Dade | Zip: / Country: |

**4.** Date Incorporated or Qualified To Do Business in Florida: 1952

**5.** FEI Number: 592748955 — 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: Otis Warren

Street Address (P.O. Box Number is Not Acceptable): 2530 N. W. 111 Street

Suite, Apt. #, Etc.:

City: Miami, | State: FL | Zip Code: 33167

**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 ✓ Otis Warren — Date 09/22/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

**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 |
|---|---|---|---|
| Preside | Alberta Williams | 1500 N.W. 152 Terrace | Miami, Fl. 33162 |
| Vice Pr | Otis Warren | 2530 N. W. 111 Street | Miami, Fl. 33167 |
| Treasu | Thomas Howard | 9850 S. W. 213 Street | Miami, Fl. 33189 |
| | | | |
| | | | |
| | | | |

**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 under section 119.07(3)(i), 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:** ✓ Otis Warren — Otis Warren — 09/22/2004 — 305 685-3069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #