PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COF REIN			5	DEPARTMENT OF STATE Secretary of State				2007 JUL 26 PM 2: 21		
DOCUMENT # 713062 1. Corporation Name									SECRETARY OF STATE TALLAHASSEE FLORIDA	
Biscayne Gardens Baptist Church, Inc.									INSTATEMEN	
2. Principa	al Office Addres	s - No F	.O. Box #	3. Mailing O	Office Address			1	73 1	
			_					73~ 01		
	SW 104	Stre	et	7855 SW 104 Street					CR2E081 (1/07) U	
Suite, Apt. #	#, etc.			Suite, Apt. #, etc.				L		
Unit	210			Unit 210					porated or Qualified	
City & State	2		-	City & State				10 Do Busi	7-12 -1 967	
Miami	i, Flori	da		Mi omi I	Florido			5. FEI Numbe	r XXApplied For	
Zip	1, 11011	Country		Miami, I					Not Applicable	
33156	6	US		33 1 56		Country	JSA	G. CERTIFICATE	SOF STATUS DESIRED \$8.75 Additional Fee regulation for a Certificate of Status	
		7. Nan	ne and Address o	f Current Regis	tered Agent		•			
Name J.R. Callahan								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you		
Street Address (P.O. Box Number is Not Acceptable)										
249 Westward Drive Suite, Apt. #, Etc.								are certifying the prior notices were not received and requesting the reinstatement		
C't-	·							fee be waived.		
City _	Miami	. 'Spr	ings			tate L	Zip Code 33166			
8. I, being	appointed the	registere	d agent of the abo	ve named corpo	ration am fam	iliar with	h and accept the o	bligations of section	on 607.0505 or 617.0503, F.S.	
Signature o	of)/2/	////						
Registered	400	4/				Date 7-18-07				
			R	GISTERED AG	ENT MUST SI	GN				
9. Names	s and Street Ad	dresses	of Each Officer and	d/or Director (Flo	orida nonprofit d	corpora	tions must list at le	east 3 directors)		
Titles		Officer	Name of s and/or Directors	Street Address of Eac Officer and/or Directo					City / State / Zip	
P	Jimmie L. Harrell			6511 SW 63 Ave.				Miami, FL 33143		
VP	Martin R. Beall				12715 SW 119 Terr.				Miami, FL 33186	
S/T	Michael M. Daily			6523 SW 148 Place				Miami, FL 33193		
								98/07.	0107459278 0701049001 **1289.25	
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 filling 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 logal effect as if made under oath.										
SIGNA		NATURE	AND TYPED OR PR	INTED NAME OF	SIGNING OFFICE	ER OR C	DIRECTOR	/-1	Date Daytime Phone #	

Show allahan & Mickler questors Name ug alestrand Drive dress Niami Spungs F1 33166 State 21P Phone (30) 467-7897 A

CORPORATION(S) NAME

Availability
Document
Examinar
Updater

Verifier

Acknowledgment

W.P. Verifier

<u></u>				
Biscaur	e Garden	ns bap-	FIST Chu	IRCH INC
-	# 7130	002		
				
() Profit				
() NonProfit	() Amendr	nent	() Merger	
(,) Foreign	() Dissolut	tion	() Mark	
() Limited Partnership	() Annual	Report	() Other	
Reinstatement	() Reserva	tion	() Change of Re	gistered Agent
() Certified Copy	() Photo C	Copies	() Certificate Ur	gistered Agent
() Call When Ready	() Call If F		() After 4:30	
Walk In	() Will Walt	Pick Up	. () 1	Aail Out