

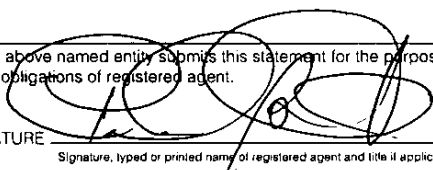
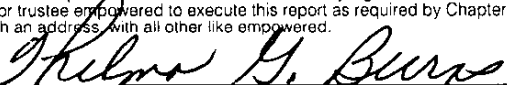


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 717259 1. Entity Name UNION GROVE MISSIONARY BAPTIST CHURCH OF MIAMI, FL. INC.						FILED 07 NOV 28 AM 9: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2905 N.W. 62ND STREET MIAMI, FL 33147				Mailing Address P.O. BOX 470025 MIAMI, FL 33147			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 REINSTATEMENT 07 10112007 REIN-NP CR2E099 (1/07)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROOKS, PAMELA 7936 NW 18TH DR MIAMI, FL 33147				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable				DATE 11-25-2007 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FS SMITH, THOMAS 17321 NW 47TH AVE MIAMI GARDEN, FL 33055			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800112010528 11/05/07--01050--012 **236.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D MCINTYRE, ROBBIE 1700 N.W. 81ST STREET MIAMI, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete CS BROOKS, PAMELA 7936 SW 18TH AVE MIAMI, FL 33147			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PT BURNS, THELMAS C 1220 NW 200TH ST MIAMI, FL 33169			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$714/30		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete T MACK, LEOLA P 2831 NW 172ND TERR MIAMI GARDENS, FL 33056			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete CD MACK, JAMES 2331 NW 172 TERR MIAMI, FL 33056			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.							
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Oct. 28, 2007 Date Daytime Phone #			