


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 DEC -8 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721991	
1. Entity Name MIAMI PRIMITIVE BAPTIST CHURCH, INC.	

Principal Place of Business 3601 NW 100TH ST CHURCH BLDG HOLLYWOOD, FL 33024 US	Mailing Address 20801 SAN SIMEON WAY MIAMI, FL 33179 US
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2. Principal Place of Business INCORPORATED	3. Mailing Address
Suite, Apt. #, etc. B4	Suite, Apt. #, etc.

City & State COOPER CITY	City & State
Zip 33084	Country Broward

REINSTATEMENT

10132005 REIN-NP CR2E099 (6/04)

6. Name and Address of Current Registered Agent KISSELAN, DONALD 4431 S.W. 64TH AVE. SUITE 119 DAVIE, FL 33314	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 DONALD KISSELAN Donald Kisselan 12/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 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.

SIGNATURE: Elmo L. Owens Elmo L. OWENS 305 653 6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #