

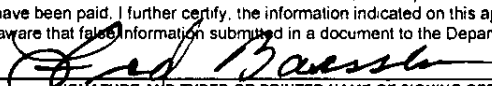


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 12 JAN 27 PM 3:54 SECRETARY TALLAHASSEE, FLORIDA JAN 30 2012 K. ASHTON REINSTATEMENT 10-12 CR2E081 (11/10)	
DOCUMENT #721991 1. Corporation Name BAPTIST Miami Primitive Church, Inc.					
2. Principal Office Address - No P.O. Box # 3611 N.W. 100th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 14852 SW 38th Court Suite, Apt. #, etc.			
City & State Cooper City, Florida Zip 33024 Country USA		City & State Miramar, Florida Zip 33027 Country USA			
		4. Date Incorporated or Qualified To Do Business in Florida 10/29/1971			
		5. FEI Number 59-1756008 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name Fred Baessler Street Address (P.O. Box Number is Not Acceptable) 14852 SW 38th Court Suite, Apt. #, Etc. City Miramar State FL Zip Code 33027					
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  Date 1-4-12 REGISTERED AGENT MUST SIGN					
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		
D	Dorothy Baessler	14852 SW 38 Court	Miramar, Fl. 33327		
D	Fred Baessler	14852 SW 38 Court	Miramar, Fl. 33327		
D	Jewell B. Shepard	5100 SW 90 Ave #110	Cooper City, Fl. 33328		
10. E-mail Address: _____ (To be used for future annual report notification)					
11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S. SIGNATURE:  1-4-12 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					