

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 11 AM 8:38
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722900

1. Corporation Name

North Dade Community Church

2. Principal Office Address - No P.O. Box #

700 N.W. 175 St.

Suite, Apt. #, etc.

City & State

Miami Fla.

Zip
33169

Country
USA

3. Mailing Office Address

700 N.W. 175 St.

Suite, Apt. #, etc.

City & State

Miami Fla.

Zip
33169

Country
USA

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

03-14-1972

5. FEL Number

591457487

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

Newton Fairweather

Street Address (P.O. Box Number is Not Acceptable)

700 N.W. 175 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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06/11/07--01048--020 **253.75

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

REGISTERED AGENT MUST SIGN

Date 6/7/07

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
PD	Newton Fairweather	20240 N.W. 3rd Ave.	Miami Garden, Fla. 33169
VD	Val Knight	7321 Di Lido Blvd	Miramar Fla. 33023
D	J.B. Turner	240 N.W. 201 Ave	Pembroke Pines, Fla. 33029
D	Eddie Smith	1450 N.W. 197 St	Miami Gardens, Fla. 33169
SD	Debra Rollins	871 N.W. 167th Terr.	Miami Gardens, Fla. 33169
D	Errol Clarke	3450 N.W. 177th Terr.	Miami Gardens, Fla. 33056

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/7/07 303652-5433