

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


11 JUN -6 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500208406045  
06/03/11--01003--004 \*\*420.00

CR2E081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725506

1. Corporation Name  
*GOOD NEWS BAPTIST CHURCH of Miami, Inc.*

2. Principal Office Address - No P.O. Box #  
*1351 N.W. 32 COURT*

3. Mailing Office Address  
*1351 N.W. 32 COURT*

Suite, Apt. #, etc.

City & State  
*Miami, FL*

City & State  
*Miami, FL*

Zip Country  
*33125 MIAMI DADE*

Zip Country  
*33125 MIAMI DADE*

4. Date Incorporated or Qualified To Do Business in Florida  
*Aug 19, 1973*

5. FEI Number  
*510188877*

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  
*Diego M. Neira-Flor*

Street Address (P.O. Box Number is Not Acceptable)  
*3330 SW 127 Avenue*

Suite, Apt. #, Etc.

City State Zip Code  
*Miami FL 33175*

**REINSTATEMENT**

*08-11*

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  
*Diego Neira-Flor*

REGISTERED AGENT MUST SIGN

Date  
*05-29-2011*

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	Rigoberto Diaz	2940 SW 141 Court	Miami, FL 33175
D	Nelson Sosa	14250 SW 62 Street, #220	Miami, FL 33183
T	Diego M. Neira-Flor	3330 SW 127 Avenue	Miami, FL 33175

10. E-mail Address: *diegoflor@comcast.net*

(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.817.155, F.S.

SIGNATURE: *Diego Neira-Flor / Diego Neira-Flor* Date *05-29-2011* 305-720-0953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #