PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	11 JUN -6 AH 10: 02	2
DOCUMENT # 725506 1. Corporation Name GOOD NEWS BAPTIST CHURCHOF MIAMI, INC.		SECRETARY OF STATE TALLAHAGSET, FLOHID	g In 12
2. Principal Office Address - No P.O. Box # 1351 N.W. 32 Cover	3. Mailing Office Address 1351 N.W. 32 COVET	500208406045 06/03/1101003004 **420 CR2E081 (11/10)	9.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida AUC 19. 19.	7 <i>3</i>
City & State Miami F2 Zip Country	City & State Miami, FL, Zip Country	5/0/88 877 Not	plied For t Applicable
33125 Miami DADE	33125 Miami DADE	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional for a Certificate	
7. Name and Address of Current Registered Agent Name Diego M. Nelra-Flor			
		REINSTATEMENT	
Suite, Apt. #, Etc. City State Zip Code		05-11	/
Miami FL 33175			
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 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 Directo		
D Rigoberto Diaz	2940 SW 141 Co	urt Miami, FL 3317	15
D Nelson Sosa	14250 SW 62 Street	#220 Miami, FL 3318.	3
T Diego M. Neira-F	Flor 3330 SW 127 Ave	me Mami, FL 3317.	<u>5</u>
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 Lam aware that false information submitted in a dopument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: Discontinuous Disco			