PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION |
|---------------|
| REINSTATEMENT |



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 726919

Mt. SINAI BAPTIST Church OF

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2020 JUN 11 AM 10: 24

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| PERKINE, INC. | | | | | | | UOV 1177 | sollotter. | 1012 | কক্টাটু। | .50 | |
|--|--------------------------------------|-----------------------|--|---|---------------|-------------------|--|--------------------|--------------------|----------|-----|--|
| 2. Princip | al Office Addre | 3. Marling Of 10041 V | 3. Mailing Office Address 10041 West Jessamine Street | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | CR2E081 (11/10) | | | | | |
| | | | | | | | Date Incorporated or Qualified To Do Business in Florida | | | | | |
| City & State | e | City & State | | | | | 5. FEI Number Applied For | | | | | |
| Perrine FL | | | PERRINE FL | | | | 65-0152637 Not Applicable | | | | | |
| 3313 | 57 | Country USA | 3315° | 7 | Count | sa Sa | | 6. CERTIFICAT | TE OF STATUS DESI | RED SE | | itional Fee required rtificate of Status |
| 7. Name and Address of Current Registered Agent | | | | | | | | | | | | |
| Name Rev. Elijah Bemley JR. | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | | _ | |
| 10041 West JESSAMINE Street | | | | | | | | | | | OPE | |
| Suite, Apt. #, Etc. | | | | | | | | | | ۲ ۱ | MOO | |
| Perrine | | | | | State FL | 331 | Code | | | | 7/ | MOORE UN 18 2020 |
| 8. I, being appointed the registered agent of the above gamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. | | | | | | | | | | | | |
| Signature of Registered Agent Lijah Bemliy A. RZGISTERED AGENT MUST SIGN | | | | | | | | Date JUNE 10, 2020 | | | | |
| 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 | | | |
| P | Elijah | Bemley JR | | 1004 | I W | 281 J. | issami | uc street | PERRINE | F1 | 33 | 157 |
| <u></u> | Benny | F. Williams | on | 1772 | 0 5. | w. 1 | 0240 | AVE | Miami | FI | 33 | 157 |
| 5 | | 3 SWAN | | | | | 150 + | | miami | ΕI | 331 | 176 |
| FS | GINF | M Mitchel | 1 | 1114(|) 5 ⋅⋅ | w. 1 | コーチャ | teer | miani | FI | 331 | 57 |
| T | | Idie Pasch | | 208 | י רו | 5.W. | 920 | + | Cutice | Bay | FI: | 33189 |
| Trea Succh | Mary | E Willian | 25 | 1130 | 2 | <u>s</u> .س | . 174+ | n terr | Miami | FI | 33 | 157 |
| ^{10.} E-ma | il Addres: | s: bishopbe | mley & | ជាប្អ | A L c | O · C | . O M | 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.

YED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR