PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 24 AM 9:54

DOCUMENT # 728235

1. Corporation Name

SALEM BAPTIST CHURCH OF GREATER MIAMI, INC.

Principal Place of Business	Mailing Address
2945 N.W. 62 STREET MIAMI FL 33147	2945 N.W. 62 STREET MIAMI FL 33147

REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 472723
City & State	City & State MIAMI FL
Zip / Country	Zip 33147 / Country DADE

4. Date Incorporated or Qualified To Do Business In Florida: 01/10/1974

5. FEI Number: 59-2100890 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $[redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

400003058574--5
-12/02/99--01037--025
****175.00 ****175.00

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
P	MOZELL, ALPONZA	1784 S E 6 AVE	N. MIAMI BCH. FL 33162
VP	GRAVES,JOHN	3010 N.W. 92ND STREET	MIAMI FL 33147
S /D	STITT,MARTHA	8900 N.W. 14TH AVE.	MIAMI FL 33147
T	[redacted]	[redacted]	[redacted]
D	GRAVES, ERIC	3010 N W 92ND ST	MIAMI FL 33147
[redacted]	MOZELL, LARRY	2280 NW 66 ST	MIAMI FL 33147

8. Name and Address of Current Registered Agent

GRAVES,JOHN
3010 N.W. 92ND STREET
MIAMI FL 33147

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [redacted] REQUIRED Date 10-19-99
REGISTERED AGENT MUST SIGN

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., 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 under section 119.07(3)(i), 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: MARTHA STITT [redacted] REQUIRED 10/18/99 305 [redacted]-6399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/99)

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