

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -5 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733291

1. Corporation Name Miracle Revival Fellowship of
South Florida Inc.
2090 Service Road
Opa Locka Florida 33054

2. Principal Office Address
2090 Service Road

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Opa Locka Florida

City & State

Zip
33054

Country
USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/14/75

5. FEI Number 59-1672994

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Ernest L. Cobbs

Street Address (P.O. Box Number is Not Acceptable)
2090 Service Road

Suite, Apt. #, Etc.

City Opa Locka

State
FL

Zip Code
33054

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**

Ernest L. Cobbs

REGISTERED AGENT MUST SIGN

Date 2/14/02

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	Ernest L. Cobbs	2090 Service Road	Opa Locka FL 33054
VP	Lenoria Conley	2090 Service Road	Opa Locka FL 33054
ST	Zeronie N. Grant	8430 East Dixie Hyway	Miami FL 33138
D	Chris Jarrett	2090 Service Road	Opa Locka FL 33054
D	Josephine E. Boyd	2121 Rutland Street	Opa Locka FL 33054

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 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

Ernest L. Cobbs

Ernest L. Cobbs

2/12/02 (305) 681-4427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)