

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

2006 DEC 15 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **741746**

1. Corporation Name

True Vine Missionary Baptist Church, Inc.

2. Principal Office Address

8820 NW 20th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

8820 NW 20th Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/31/1978

5. FEI Number

☒ 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

Rev. Charles K. Mitchell

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

8820 NW 20th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

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

*Charles K. Mitchell*

Date 12/8/06

REGISTERED AGENT MUST SIGN

**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
P	Rev. Charles K. Mitchell	8820 NW 20th Avenue	Miami, Florida 33147
T	Idell Robinson	9828 NW 26th Avenue	Miami, Florida 33147
T	Elizabeth Dowe	8820 NW 20th Avenue	Miami, Florida 33147

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 contained in Chapter 119, 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:

*Charles K. Mitchell*

CHARLES K. MITCHELL

12/8/06

305-798-1257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #