

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



500023915845

10/17/99 01007 027 44236.25

DOCUMENT # 748252

1. Corporation Name

PEACE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

11500 N.W. 17 AVE.  
MIAMI FL 33167

11500 N.W. 17 AVE.  
MIAMI FL 33167

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/1979

5. FEI Number

65-0070278

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MCCLLOUD, REV. T.W.(PAS)	3025 N.W. 205 ST.	MIAMI FL
<del>D</del> D	<del>HART, DEBRA</del> DEVEAUX, HELEN	<del>18540 NW 23RD AVE</del> 18530 N.W. 29TH PLACE	<del>OPA LOCKA FL 33056</del> CAROL CITY, FL. 33056
SD	LENO, GWEN R.	300 SW 29TH TERR	FT LAUDERDALE FL
D	RANDLE, EDDIE SR	8301 NW 23RD AVE	MIAMI FL 33147
D	VEREEN, MARY P	3330 NW 176TH TERR	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCLLOUD, REV. T.W.  
3025 N.W. 205TH STREET  
MIAMI FL 33055

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)