

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

08 FEB 14 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 749919

1. Corporation Name

New Saint Mark Missionary Baptist Church

100118071601  
02/14/08--01039--033 \*\*306.25

2. Principal Office Address - No P.O. Box #

744 N.W. 54<sup>th</sup> Street

Suite, Apt. #, etc.

3. Mailing Office Address

820 N.W. 84<sup>th</sup> Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

USA

City & State

Miami, FL

Zip

33150

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-27-79

5. FEI Number

650195512

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

Esther L. Pinkney

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

820 N.W. 84<sup>th</sup> Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33150

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Dr. Esther L. Pinkney

Date 2-12-08

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
PD	Pinkney, Silas	820 N.W. 84 <sup>th</sup> Terr.	Miami, FL 33150
VSD	Pinkney, Esther L.	820 N.W. 84 <sup>th</sup> Terr.	Miami, FL 33150
D	Brown, Jeannie	6920 N.W. 3 <sup>rd</sup> Ave.	Miami, FL 33150

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:

Silas Pinkney - Silas Pinkney - 2-12-08 305-696-9964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #