

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG -8 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753267 (4)

1. Corporation Name

Fellowship Missionary Baptist Church, Inc.

2. Principal Office Address

2601 N.W. 65th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

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****463.75 ****420.00

4. Date Incorporated or Qualified
To Do Business in Florida

7/8/80

5. FEI Number

59-7532674

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

Bobby L. Reese

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

900 Oriental Blvd.

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

Bobby L. Reese

REGISTERED AGENT MUST SIGN

Date 07-05-01

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
Chairman	Bobby L. Reese	900 Oriental Blvd.	Opa Locka, FL 33054
Deacon	Willie Jones	21010 N.W. 30 th Ave.	Opa Locka, FL 33056
Board	Charlie Brown	12530 N.W. 11 th Ave.	Miami, FL 33168
Chairman	Elbert Jones	1700 N.W. 186 th St.	Opa Locka, FL 33056
Treasurer	Marchill Maxwell	5311 N.W. 27 th Pl	Miami, FL 33142
Financial			
Secretary			

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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:

Bobby L. Reese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-05-01

Date

Daytime Phone #

305641-4857

CR2E081 (9/00)