

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 JUN 22 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

762766

1. Corporation Name

Christ Missionary Baptist
Church of Delray Beach, Florida Inc.
Document # 762766

2. Principal Office Address

125 S.W. 8th St.
Delray Bch., Fl. 33444

3. Mailing Office Address

125 SW 8th St.
Delray Bch, Fl. 33444

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach Fl.

City & State

Delray Beach Fl.

Zip

33444

Country

USA

Zip

33444

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

04-06-82

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

400003321614-0

Name

Mitchell, Matthew Jr.

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

324 NW 11th Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

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

Matthew Mitchell

REGISTERED AGENT MUST SIGN

Date

6-17-00

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
IT	Blue, Silver L.	14 SE Dorson Way/ Delray Beach	Delray Bch., Fl 33444
D	Caldwell, Mary	117 SW 14th Ave	Delray Bch., Fl. 33444
DS	Prime, Joyce	1635 NE 4th Ct.	Boynton Bch, Fl. 33439
D	Johnson, Fred	316 NW 11th Ave	Delray Bch., Fl. 33444
DP	Mitchell, Matthew Jr.	324 NW 11th Ave	Delray Bch Fl. 33444

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:

Matthew Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-00

Date

Daytime Phone #

CR2E081 (9/99)