


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 21 PM 3: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

DOCUMENT # 767471
1. Corporation Name
METROPOLITAN AFRICAN METHODIST EPISCOPAL CHURCH OF MIAMI, FLORIDA, INC.

2. Principal Office Address 1778 N. W. 69TH STREET Suite, Apt. #, etc.		3. Mailing Office Address 1778 N. W. 69TH Street Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33147	Country USA	Zip 33147	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/15/1983

5. FEI Number 59-2351682 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 JOHN HURST ADAMS

Street Address (P.O. Box Number is Not Acceptable) 40 EAST STATE STREET

Suite, Apt. #, Etc. SUITE 1814

City JACKSONVILLE State FL Zip Code 32202

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06/21/04--01097--012 **43 .50

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 *John Hurst Adams* Date 6/18/04

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
CD P	DANIEL BROWN, JR.	13021 S. W. 260th STREET	HOMESTEAD, FLORIDA 33032
VD S	OBIE DUREN	7720 N. W. 15TH AVENUE	MIAMI, FLORIDA 33147
VD T	MINNIE ALEXANDER	13001 N. W. 21ST AVENUE	OPA LOCKA, FLORIDA 33054

6/16/22

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: *Daniel Brown, Jr.* REV. DANIEL BROWN, JR. 6-15-04 305-258-4571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E061 (01/04)