

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -8 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO 1000002310

1. Corporation Name

FELLOWSHIP MISSIONARY
BAPTIST church inc.

14000002036

400125039634

04/22/08--01019--027 **428.75

CR2E081 (12/07)

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

505 N.W. 129 St

Suite, Apt. #, etc.

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33168

Country

12201

3. Mailing Office Address

505 N.W. 129 St

Suite, Apt. #, etc.

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33168

Country

12201

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1096071

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

PASTOR LOUIS M. LEONEL

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

505 N.W. 129 Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33168

☒ 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

Louis M. Leonel

REGISTERED AGENT MUST SIGN

Date 04/16/08

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
PRES	LOUIS M. LEONEL	505 N.W. 129 Street	MIAMI FL. 33168
V.P.	DULINE MARIE LEONEL	505 N.W. 129 Street	MIAMI FL. 33168
S.	MARITABE LEONEL	505 N.W. 129 Street	MIAMI FL. 33168

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:

Louis M. Leonel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-08

Date

Daytime Phone #