

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000005741

1. Corporation Name

The UNITED MISSIONARY BAPTIST ASSOCIATION

Inc.

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

2450 Northwest 22 Street

Suite, Apt. #, etc.

n/a

City & State

Fort Lauderdale, Florida

Zip

33311

Country

Broward

3. Mailing Office Address

2450 Northwest 22 Street

Suite, Apt. #, etc.

n/a

City & State

Fort Lauderdale, Florida

Zip

33311

Country

Broward

4. Date Incorporated or Qualified

To Do Business in Florida 07/02/2003

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

Name

Willie C. Bell

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

3450 Northwest 2 Street

Suite, Apt. #, Etc.

n/a

City

Fort Lauderdale

State
FL

Zip Code

33311

☐ 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

Willie C. Bell

REGISTERED AGENT MUST SIGN

Date 2-6-08

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
P	Bell, Willie C.	2450 Northwest 22 Street	Fort Lauderdale, Florida 33311
VP	Allen, Otis C.	1161 NW 29 Terrace	Fort Lauderdale, Florida 33311
S	Stephenson, Al	306 NW 2 Avenue	Hallendale, Florida 33009
T	Ponder, Earl	7510 NW 15 Avenue	Miami, Florida 33147
D	Ross, Isom	1191 NW 27 Avenue	Fort Lauderdale, Florida 33311
D	Jackson, C.W.	519 NW 2 Way	Derfield Beach, Florida 33441

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:

Willie C. Bell

2-6-08

(954) 584-9971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 MAR 19 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 04-08
CR2E081 (12/07)