

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 ST

Suite, Apt. #, etc.

3. Mailing Office Address

2450 NORTHWEST 22 ST

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

BELL, WILLIE C.

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

2450 NORTHWEST 22 ST.

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33311

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

Date 3/23/2012

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
P	BELL, WILLIE C.	2450 NORTHWEST 22 ST.	FORT LAUDERDALE, FL. 33311
VP	ALLEN, OTIS C.	1161 NORTHWEST 29 TERRACE	FORT LAUDERDALE, FL; 33311
S	NORRIS, JOE L.	2809 SOUTHWEST 5 CT.	FORT LAUDERDALE, FL. 33312
T	PONDER, EARL	7510 NORTHWEST 15 AVE.	MIAMI, FL. 333147
D	JACKSON, C. W.	519 NORTHWEST 2 WAY	DEERFIELD BEACH, FL. 33441

10. E-mail Address: NORRISGRACE@AOL.COM

S. HAWKES

(To be used for future annual report notification)

REINSTATEMENT

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Florida Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Willie C Bell*
Willie C. Bell

EXAMINER

3/23/2012

954 584-9972

FILED
12 MAR 28 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

371567865

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

800226399778
03/27/12--01031--008 **17.50

800226399778
03/27/12--01031--008 **420.00