

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 AUG -8 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004269

1. Corporation Name

United Missionary Baptist Church Inc.

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

212 N. Barfield Hwy.  
Suite, Apt. #, etc.

3. Mailing Office Address

609 S.W. 11th St  
Suite, Apt. #, etc.

City & State

Pahokee, Fla.  
Zip Country  
33476 U.S.

City & State

Belle Glade, Fla.  
Zip Country  
33430 U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/05

5. FEI Number

650816442

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: FANNIE M. HART  
Street Address (P.O. Box Number is Not Acceptable): 46 ESSEX Court  
Suite, Apt. #, Etc.: APT - C  
City: Royal Palm Beach State: FL Zip Code: 33411

☐ 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 617.0508, F.S.

Signature of  
Registered Agent

Fannie Hart  
REGISTERED AGENT MUST SIGN

Date

8/3/08

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	J.T. HART	10315 Showboat Lane	Ryl Palm Bch, Fla. 33411
VP	Versie Lee	1424 N.W.F Place	Belle Glade, Fl. 33430
C	Robert Hart Jr.	609 S.W. 11th St	Belle Glade, Fl. 33430
D	Mary Eason	165 Apple Avenue	Pahokee, Fl. 33476
S	Fannie Hart	46-C Essex Ct	Ryl Palm Bch, Fl. 33411
M	Kenneth Biggs	800 McClure Rd Lot N	Pahokee, Fl. 33476

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:

Fannie Hart  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/4/08 561-985-0411  
Daytime Phone #

8/8/08