

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -3 AM 10:20

DOCUMENT # N05000006661

1. Corporation Name
East Side Baptist of Homestead, Inc.

B 8/4/10

500182247205
06/17/10--01035--011 **490.00

REINSTATEMENT 07-10
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box # <i>1541 SE 12 AVE</i>		3. Mailing Office Address <i>1541 SE 12 AVE</i>	
Suite, Apt. #, etc. <i>#3</i>		Suite, Apt. #, etc. <i>#3</i>	
City & State <i>Homestead FL</i>		City & State <i>Homestead FL</i>	
Zip <i>33035</i>	Country <i>USA</i>	Zip <i>33035</i>	Country <i>USA</i>

4. Date Incorporated or Qualified To Do Business in Florida <i>6/28/2005</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number <i>861063184</i>		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Joe Borek

Street Address (P.O. Box Number is Not Acceptable)
1541 SE 12 AVE

Suite, Apt. #, Etc.
#3

City
Homestead, FL

State
FL

Zip Code
33035

PROFIT CORPORATIONS ONLY
 The \$600.00 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: *[Signature]* Date: *6-14-10*

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
<i>Pres</i>	<i>Joe Borek</i>	<i>19380 SW 264 St</i>	<i>Homestead FL 33031</i>
<i>Sec</i>	<i>Faith Duncan</i>	<i>19380 SW 264 St</i>	<i>Homestead FL 33031</i>

10. E-mail Address: *Joe Borek @ BellSouth.net*
(To be used for future annual report notification)

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., 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.

SIGNATURE: *[Signature]* Date: *6-14-10* Daytime Phone #