

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR -7 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N12341*

1. Corporation Name  
*Greater Peace M.B. Church of Opa  
Locke, Florida, INC*

**REINSTATEMENT 08-10**

500173251225  
03/26/10--01037--001 \*\*183.75  
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #  
*19525 N.W. 38th Ct.*

3. Mailing Office Address  
*[Redacted]*

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida *1985*

City & State  
*Miami Gardens, FL*

5. FEI Number  
*592633005*

Zip Country  
*33055 Dade*

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *James Griffin*  
Street Address (P.O. Box Number is Not Acceptable)  
*19525 N.W. 38th Ct.*  
Suite, Apt. #, Etc.  
City *Miami Gardens* State *FL* Zip Code *33055*

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 807.0505 or 817.0503, F.S.  
Signature of Registered Agent *James Griffin* Date *4/1/2010*  
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
DP	James Griffin	19525 N.W. 38th Ct.	Miami Gardens, FL 33055
DT	Al Jo Hamlin	657 Ahmed St	Opa Locke, FL 33055
DS	Margie Jefferson	20905 N.W. 32 Ct	Miami Gardens, FL 33055

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10. E-mail Address: \_\_\_\_\_  
(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 807 or 817, 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 807.0401 or 817.0401, 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: *James Griffin* Date *4/1/2010* Daytime Phone # *305-624-5869*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR