

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

PO Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

City & State

Zip

Country

33055

Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1985

5. FEI Number

592633005

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 **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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James Griffin

REGISTERED AGENT MUST SIGN

Date

4/1/2010

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

REINSTATEMENT 08-10

RR

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 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:

James Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2010

Date

305-624-5869

Daytime Phone #