

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 16 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23095

1. Corporation Name
GREATER MIAMI RELIGIOUS LEADERS COALITION, INC

2. Principal Office Address
9401 BISCAYNE BLVD.

3. Mailing Office Address
9401 BISCAYNE BLVD.

99-03 *[Signature]*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 10-20-87

City & State
MIAMI SHORES FL

City & State
MIAMI SHORES FL

5. FEI Number
59-0624404

Applied For
Not Applicable

Zip 33138 Country USA

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

7. Name and Address of Current Registered Agent

Name
RABBI GARY GLICKSTEIN

500019100615

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

4144 CHASE AVENUE

05/16/03--01013--012 *** 90.00

Suite, Apt. #, Etc.

City
MIAMI BEACH

State
FL

Zip Code
33140

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]

REGISTERED AGENT MUST SIGN

Date 5/1/03

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
CD	RABBI GARY GLICKSTEIN	4144 CHASE AVENUE	MIAMI BEACH FL 33140
VD	REV. IRVIN ELLIGAN	8431 N.W. 12 TH AVENUE	MIAMI FL 33150
VD	REV. PAISCILLA WHITEHEAD	501-96 STREET	BAL HARBOUR FL 33154
TDS	MOST REV. THOMAS WENSKI	9401 BISCAYNE BLVD.	MIAMI SHORES FL 33138

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 under section 119.07(3)(i), 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:

[Signature]

Wenski THOMAS WENSKI

Date

5/1/03 (305) 762-1323

Daytime Phone #

CR2E081 (10/02)