


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -9 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28402

1. Corporation Name
BAPTIST COMMUNICATION MISSION, INC.

Handwritten initials

2. Principal Office Address 3400 Raleigh Street Suite, Apt. #, etc.		3. Mailing Office Address 3400 Raleigh Street Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33021-3122	Country USA	Zip 33021-3122	Country USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida 09/19/1988	
5. FEI Number 650148264	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
PERRY W. HODGES, JR.

Street Address (P.O. Box Number is Not Acceptable)
1401 East Broward Boulevard

Suite, Apt. #, Etc.
Suite 300

City
Fort Lauderdale

State
FL

Zip Code
33301-2116

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 May 5, 2005

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
D	BROWN, PHILIP	3400 Raleigh Street	Hollywood, FL 33021-3122
D	MELHUISH, RODNEY	3400 Raleigh Street	Hollywood, FL 33021-3122
D	SWIERENGA, JAMES	3400 Raleigh Street	Hollywood, FL 33021-3122

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]* RODNEY MELHUISH Date 5/6/05 Daytime Phone # 954-964-2940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)