

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 AUG -3 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N29563

**1. Corporation Name**

Maranatha Baptist church ministries, inc

**REINSTATEMENT**

**RH**

CR2E081 (1/07)

08-07

**2. Principal Office Address - No P.O. Box #**

735 N.W. Opa-Locka Blvd

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33168

Country

Miami-Dade

**3. Mailing Office Address**

1540 NW 129 street

Suite, Apt. #, etc.

City & State

North Miami

Zip

FL 33167

Country

Dade

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

**5. FEI Number**

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

Rev. Jean O. Cenatus

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

1540 NW 129 street

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33167

☐ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date Jul-26-07

**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
P	Rev. Jean O. Cenatus	1540 NW 129 street	North Miami FL 33168
Dir	Louisa Cenatus	1540 NW 129 street	North Miami FL 33168
Dir	Lumaine Fruto	17110 NW 10 street	Pembroke Pines FL 33022
Dir	Walter Bauvais	5351 SW 138 Avenue	Miami FL 33027
Tr	Jean Castor	1540 NW 129 street	North Miami FL 33167
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**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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul-26-07

Date

Daytime Phone #