

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 28 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41332

1. Corporation Name

THE ATLANTIC COAST BAPTIST ASSOCIATION,
INC.

2. Principal Office Address

C/O GLENN R. MILLER
15000 No W. 27th AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33054

Country

USA

3. Mailing Office Address

C/O GLENN R. MILLER
67 No E. 168th STREET

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL.

Zip

33162

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1990

5. FEI Number

596543653

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

GLENN R. MILLER

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

67 No E. 168th STREET

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

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

6/27/06

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	REV. NATHAN SEARS	320 W. 32ND STREET	RIVIERA BEACH, FL.
D	REV. FRANKLIN R. CLARK	1450 No W. 1st COURT	MIAMI, FL. 33136
D	REV. ANTHONY BROWN	1571 No W. 68 TERRACE	MIAMI, FL. 33147
D	REV. LEROY JOHNSON	2365 No W. 180 TERRACE	MIAMI, FL.
DS	SIS. WILHELMINA C. BROWN	1730 No W. 3RD AVENUE	MIAMI, FL. 33136

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:

W.C. Brown WILHELMINA C. BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/27/06 305-651-5991

Daytime Phone #

OVERNIGHT/NEXT DAY DELIVERY

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301
Attention: Marquitta Williams, Clerk

DATE: June 27, 2006
RE: THE ATLANTIC COAST BAPTIST
ASSOCIATION, INC.
DOCUMENT NO: N41332

TO WHOM THIS MAY CONCERN:

Pursuant to your telephone conversation on this date with my secretary, Shawn, enclosed please find Corporation Reinstatement application completed and signed by the appropriate parties regarding the above captioned matter.

X Will you please file and return Certificate of Status to the undersigned at the earliest possible date in the U.S. Postal Prepaid overnight envelope enclosed herein.

X Check in the amount of \$621.25 is enclosed to cover costs of reinstating this non-profit corporation.

Thanking you for your cooperation in this matter.

BY: 

GLENN R. MILLER, P.A.
Attorney for Atlantic Coast
67 N.E. 168th Street
North Miami Beach, Florida 33162
(305) 651-5991
FLA. BAR #539376

GRM:dtb

Enclosures