PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 18 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44039

1. Corporation Name

DAYSPRING MISSIONARY BAPTIST CHURCH CENTER, INC

Principal Place of Business	Mailing Address
2991 NW 62ND STREET MIAMI FL 33147	2991 NW 62ND STREET MIAMI FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/25/1991

5. FEI Number: 65-0424210 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COX, SAMUEL	2991 NW 62ND STREET	MIAMI FL
S	BOYD, CHARLES R REV.	2991 NW 62ND STREET	MIAMI FL 33147
D	MOORE, ROBERT	2991 NW 62ND STREET	MIAMI FL 33147
P	PENN, CHARLIE	2991 NW 62ND STREET	MIAMI FL
V	WILLIAMS, GEORGE	2991 NW 62ND STREET	MIAMI FL
T	AMICA, LOUIS	2991 NW 62ND STREET	MIAMI FL

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8. Name and Address of Current Registered Agent

PENN, CHARLIE
2991 N.W. 62 ST.
MIAMI FL 33147

9. Name and Address of New Registered Agent

REINSTATEMENT

Name
Street Address (P.O. Box Number Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

12-18-98

CR2E040 (9/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Charlie C. Penn REQUIRED — Date: 11-14-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Rev. Charles R. Boyd REQUIRED — 11-14-98 — 305-836-3513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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