

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # N45166

1. Corporation Name
The Second BAPTIST M.B. Church
of GoulDS, INC

Principal Place of Business
1145 S.W. 216ST
GoulDS, FL 33170

Mailing Address
16125 S.W. 99^{AVE}
MIAMI, FL
33170

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		NA	
Zip		Zip		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1. Name(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
CLERK	DORIS A. GADSON	21403 S.W. 115 ^{AVE}	GoulDS FL 33189
TD	SEAK McCUBBER	10881 S.W. 222 ST	GoulDS, FL 33170
VD	MAKIE DOWDELL	11961 S.W. 214 ST	GoulDS FL 33170
SD	VEAKLINH BESS	21401 S.W. 115 ^{AVE}	GoulDS, FL 33189
R.D. AGENT	Jimmy D. Robinson	16125 S.W. 99 ^{AVE}	MIAMI, FL 33157

8. Name and Address of Current Registered Agent		9. Name and Address of Former Registered Agent	
Jimmy D. Robinson 16125 S.W. 99 ^{AVE} MIAMI, FL 33157		Name Street Address (P.O. Box Number) Suite, Apt. #, Etc. City	

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: Jimmy D. Robinson
REGISTERED AGENT MUST SIGN

Date: 3-25-98

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: DORIS A. GADSON DORIS A. GADSON - CLERK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-25-98
Daytime Phone: 305-233-8130

FILED
98 MAY -6 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-980
6/16/98
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