

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 10 PM 2:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N45166

1. Corporation Name

The Second Baptist Church of Goulds, Inc., a
Florida non-profit corporation

2. Principal Office Address

18627 S.W. 107th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

U.S.A.

3. Mailing Office Address

18627 S.W. 107th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

U.S.A.

REINSTATEMENT 99-10

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

August 31, 1991

5. FEI Number

65-0309940

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

Reverend Adam Evans

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

18627 S.W. 107th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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

Pastor Adam Evans
REGISTERED AGENT MUST SIGN

Date 8-1-00

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
C	Doris A. Gadson	21403 S.W. 115th Avenue	Goulds, FL 33189
VD	Marie Douldell	11961 S.W. 214th Street	Miami, FL 33170
SD	Vearlina Bess	21401 S.W. 115th Avenue	Goulds, FL 33189
D	Rev. Adam Evans	18627 S.W. 107th Avenue	Miami, FL 33157

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:

Pastor Adam Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00

Date

305-235-4757

Daytime Phone #

CR2E081 (9/99)