

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/28/03--01003--004 **236.25

REINSTATEMENT 02-03

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45810**

1. Corporation Name
New Beginning Missionary Baptist Church Inc.

2. Principal Office Address
2775 N.W. 183rd St
Suite, Apt. #, etc.

3. Mailing Office Address
2775 N.W. 183rd St
Suite, Apt. #, etc.

City & State
miami, Florida

City & State
miami, Florida

Zip Country
33056 USA

Zip Country
33056 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0295288

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Readon, Rev. I. H

Street Address (P.O. Box Number is Not Acceptable)
2775 N.W. 183 ST

Suite, Apt. #, Etc.

City
miami

State Zip Code
FL 33056

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 **Rev. I.H. Readon** Date **8-15-03**

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
PDC	Readon, Irvin H. Rev.	2775 N.W. 183 St.	Miami, FL 33056
SD	Jackson, Melvin	17325 N.W. 9th Ct.	Miami, FL 33169
TD	Wilcher, Sampson	2560 N.W. 152 Ct.	Miami, FL 33054
A TD	Samms, Eva D.	5610 N.W. 174th Dr.	Miami, FL 33055
DC	Durham, Bernard	3952 N.W. 170th St.	Miami, FL 33055

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: **Rev. Irvin H. Readon** Date **8/05/03** Daytime Phone # **305-622-9416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



7/8/21

CR2E081 (10/02)