

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015-2016

DOCUMENT # N95000001235

1. Corporation Name

Ephesus of Miami Missionary Baptist Church, Inc.

2. Principal Office Address - No P.O. Box #

13301 NW 19th Ave

3. Mailing Office Address

13301 NW 19th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33167

Country

USA

Zip

33167

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1995

5. FEI Number

65-0571193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rev. Pinkney Hilton

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

13301 NW 19th Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33167

900286779629
05/02/16--01044--008 **236.25

900286779629
06/10/16--01035--015 **80.00

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

Pinkney Hilton

REGISTERED AGENT MUST SIGN

Date 06/07/2016

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
P	Rev. Pinkney Hilton	13301 NW 19th Ave	Miami, FL 33167
C	Dec. Bunion Mack	710 Curtiss Drive	Opa Locka, FL 33054
D	Dec. Claude Holiday	1881 NW 135th Street	Miami, FL 33167
S	Julia Ritchie	2401 NW 182nd Terr	Miami Gardens, 33056

10. E-mail Address: juliarichie255@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: x

Pinkney Hilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/07/2016

786-853-5487

Date

Daytime Phone #