

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 PM 5:03

DOCUMENT # N95000006046

1. Corporation Name

**NEW SAINT PAUL MISSIONARY BAPTIST CHURCH OF MIAMI
I, FLORIDA, INC.**

Principal Place of Business

Mailing Address

4757 NW 2ND AVE
MIAMI FL 33127

9135 N.W. 4TH AVE.
MIAMI FL 33138

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



REINSTATEMENT
07-25-01 90011042 \$16.25-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEES
540884081
APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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	4 City / State / Zip
PD	JOHNSON, ROOSEVELT REV.	254 NW 43RD STREET	MIAMI FL 33127
D	JONES, JERRY	9135 NW 4TH AVENUE	MIAMI FL 33138
D	PRUDENT, LONNIE	16198 NE 9TH PLACE	MIAMI FL 33162
D	BENNETT, MILDRED	17809 NW 7TH AVENUE	MIAMI FL 33167
TD	BECK, PATRICIA	1200 TOLLWOOD AVE., #308	HOLLYWOOD, FL 33021

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, JERRY
9135 N.W. 4TH AVE
MIAMI FL 33138

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

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.

300004685665--9
-11/16/01--01070--017
***175.00 ***175.00

Signature of Registered Agent

Jerry Jones
REGISTERED AGENT MUST SIGN

Date 10-12-01

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., 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.

JERRY JONES SR

SIGNATURE:

Jerry Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01 305-757-3037
Date Daytime Phone #

CR2040 (8/01)