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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 16 PM 2:51

DOCUMENT # N96000000890

1. Corporation Name
United Family Baptist Church, Inc.

800183366468
07/16/10--01039--005 **358.75
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3031 NW. 187 St.	3031 N.W. 187 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami	
City & State	City & State
Miami, Florida	Miami, Fl.
Zip / Country	Zip / Country
33056 / USA	33056 / USA

4. Date Incorporated or Qualified To Do Business in Florida 7/14/10

5. FEI Number 650772534 ☑ 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: Rev. James E. Hazel
Street Address (P.O. Box Number is Not Acceptable): 3031 NW. 187 St.
Suite, Apt. #, Etc.:
City: Miami, State: FL Zip Code: 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 _____ Date 7/14/10
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
D	Sylvia Lawrence	2820 NW. 160 St	Opa Locka, Fl. 33054
D	Bernier, Vernon	3425 N.W. 195 Terr.	Miami, Fl. 33056
D	Wilson, Mark	7787 Granada Blvd.	Miramar, Fl. 33023
Pastor	Hazel, James E.	3031 NW. 187 St	Miami, Fl. 33056

REINSTATEMENT 08-10

10. E-mail Address: HazelIsland2@AOL.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., 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.

SIGNATURE _____ James E. Hazel 7/14/10 305-624-8036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

July 16, 2010

To whom it may Concern

This is to certify that I, Rev. James Hazel is the pastor, director of United Family Baptist Church and my address is

3031 NW. 187 St.
Miami, Fl. 33056

James Hazel

P.S. Please Fax information to 305 620-8940