

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 JUL 24 PM 4:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000004826**

1. Corporation Name

**REVELATION MISSIONARY BAPTIST CHURCH, INC**

Principal Place of Business

Mailing Address

1929 NW 54TH ST.  
 MIAMI FL 33147

1929 NW 54TH ST.  
 MIAMI FL 33147



100006845051--8

-08/01/02--01013--010

\*\*\*297.50 \*\*\*297.50

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0701351

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
DP	DURANT, R.L.	1775 NW 83RD ST.	MIAMI FL 33147
DS	GRACIE WILLIAMS	2763 NW 57 ST	MIAMI FL 33142
DV	DAY, ARTHUR	2736 DEWEY ST	HOLLYWOOD, FL 33020
D	DURANT, RAYMOND B	2401 NW 92 ST	MIAMI, FL 33147
D			
D	LEGGIT, MARY	1200 NW 65 ST	MIAMI FL 33142

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DURANT, R.L.  
 1775 NW 83RD ST.  
 MIAMI FL 33147

Name

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

**REINSTATEMENT 01-02**

Suite, Apt. #, Etc.

City

TS

State  
**FL**

Zip Code

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.

Signature of Registered Agent

*Rev. Raymond B Durant*  
 REGISTERED AGENT MUST SIGN

Date 6/20/02

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.

SIGNATURE:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/02 (305) 450-9617  
 Date Daytime Phone #

CR2E040 (8/01)