APPROVEL AND PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING PHISTFORM.

CORPORATION REINSTATEMENT			л S			DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			08 JAN 23 AM II: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N96000004897 1. Corporation Name St Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church of Opa-Locka, 1. Corporation Name Andrew Missionary Baptist Church Opa-Locka, 1. Corporation Name Andrew Missionary Representation Name							Ly 1.2908			
15000 N. W. 27th Avenue 15000 N. Suite, Apt. ≠, etc. Suite, Apt. ≠ N/A N/A					Office Address W. 27th Avenue			100115897271 01/23/0801033010 **681.75 REINSTATEMENT (% 06) 4. Date Incorporator or Qualified To Do Business in Florida July 9, 1975		
City & State Opa-Locka, Florida 33054 Zip Country 33054 USA				City 8 State Opa-Locka, Florida 33054 Zip Country 33054 USA			try	5. FEI Number		
Name and Address of Current Registe Rev., Dr. Walthour, Larry, T. II Street Address (P.O. Box Number is Not Acceptable) 15000 N. W. 27th Avenue Suite, Apr. A. Etc. N/A City Opa-Locka, Florida									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the above named approxision, am familiar with and accept the of Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date _//2_//08			
9. Names	and Street Ad	dresses		Vor Director (Florid	ia nonprofi	<u>-</u> -	orations must list at le			
Titles	Name of Officers and for Directors				Street Address of Each Officer and/or Director				City / State / Zip	
Deacer	Gibson, Emory, Sr.				16430 N. W. 20th Avenue				Miami Gardens, Florida 33054	
Deace	:				910 N. W. 200th Terrace			· 	Miami Gardens, Florida 33169	
Deace	Neilly, Clinton				20521 N. W. 34th Court				Miami Gardens, Florida 33056	
Deacog	Neilly, Diana				20521 N. W. 34th Court				Miami Gardens, Florida 33056	
Deace	Wimes, James				21433 N. W. 39th Avenue				Miami Gardens, Florida 3305 6	
Deace	Wyratt, Nelson					3000 N. W. 158th Street			Miami Gardens, Florida 33054	
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 807 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 C401 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 contained in Chapter 119, 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: Dr. Las T. Walth Cur. T. /2/08 305-088-3510 Description of the property of th										