

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N970000001822</b>		99 AUG -5 PM 2:53	
1. Corporation Name <b>SHIP OF ZION MISSIONARY BAPTIST CHURCH, INCORPORATED</b>		400002957384-3 -08/11/93--01081--002 ****306.25 ****306.25	
Principal Place of Business <b>18200 N.W. 22ND AVE MIAMI, FL 33056</b>		Mailing Address <b>SAME</b>	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>APRIL 1, 1997</b>		5. FEI Number <b>650790509</b>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	ALEX TULLIS	20011 LOS LEONES DR	MIAMI, FL 33015
D	Jacquelyn H. TULLIS	20011 LOS LEONES DR	MIAMI, FL 33015
D	LORIA P. CAMERON	2285 NW 195 ST	MIAMI, FL 33056
8. Name and Address of Current Registered Agent <b>ALEX TULLIS 20011 LOS LEONES DR MIAMI, FL 33015</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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 <b>Alex Tullis</b> Date <b>07-14-99</b> REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 <b>Loria P. Cameron / LORIA P. CAMERON</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>07-14-99</b> (305) 620-6069 Daytime Phone #	

CP2E040 (1/98)