

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 24 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003582

1. Corporation Name

Miracle Baptized Holiness Church, Inc.

2. Principal Office Address

3470 N.W. 4th Court

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip

33311

Country

Broward

3. Mailing Office Address

3470 N.W. 4th Court

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip

33311

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

6-17-98

5. FEI Number

☒ 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

Ivory E Jones

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

3470 N.W. 4th Court

Suite, Apt. #, Etc.

City

Ft Lauderdale FL

State

FL

Zip Code

33311

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

Ivory E. Jones

REGISTERED AGENT MUST SIGN

Date 6-21-04

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
P	Ivory E Jones	3470 N.W. 4th Court Ft Lauderdale FL 33311	Ft Lauderdale FL 33311
VP	Kelvin Jones	3470 N.W. 4th Court Ft Lauderdale FL 33311	Ft Lauderdale FL 33311
S	Ivory E. Jones	3470 N.W. 4th Court Ft Lauderdale FL 33311	Ft Lauderdale FL 33311
T	Rosa M. Jones	3470 N.W. 4th Court Ft Lauderdale FL 33311	Ft Lauderdale FL 33311

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 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:

Ivory E. Jones IVORY E. JONES President 6121-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 791 6850

CR2E081 (01/04)