## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS



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00 OCT 13 PM 1:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT	#	N	00	860

1. Corporation Name

Belle Glade Congregation of Jehovahs Witnesses, Inc.

2. Principal Office	e Address	3. Mailing Office /	Address	
669 SW 16	th Street	669 SW 16th	n STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
		<u>L</u> .		4. Date Incorporated or Qualified To N 10, 1984
City & State		City & State		
BELLE GLA	DE FLORIDA	BELLE GLADE	E FLORIDA	5. FEI Number 592416717 Applied For
7in	Louise		- 10 -	Not Applicable
Zip 33430	Country USA	Zip 33430	Country USA	6. CERTIFICATE OF STATUS DESIRED X S8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

AL GRIFFEN, JR.		700003423997-
Street Address (P.O. Box Number is Not Acceptable)	LOT	24 REINSTATEMENT 97
Suite, Apt. #, Etc.		
Gir Glade		State Zip Code 334 30

<ol><li>I, being appointed the registered</li></ol>	agent of the	above named corpora	tion, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
, , , , , , , , , , , , , , , , , , ,	$n \Lambda$	//	, , , , , , , , , , , , , , , , , , , ,

Signature of Registered Agent

RESISTERED AGENT MUST SIGN

Date 0.32.00

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 D	NATHAN WELLS	248-715 M.H.P.	BELLE GLADE, FLORIDA 33430
V.P D	RODGER HESTER	380 SE 3rd AVENUE	SOUTH BAY, FLORIDA 33493
S/T D	AL GRIFFEN, JR.	808 1M 16 11. FOT 34	BELLE GLADE, FLORIDA 33430

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 quality 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:

NATHAN WELLS - Pres.

yoga Well

00-15PD

261.982.4836

Date

Daytime Phone #



Place file lat.

ACCOUNT NO. :

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT :

\$ 420.00

ORDER DATE: September 29, 2000

ORDER TIME :

9:47 AM

ORDER NO. : 848628-005

CUSTOMER NO:

4717862

CUSTOMER: Charlie Matza, Esq Charles Matza Esq.

5113 Mallards Place

Pompano Beach, FL 33073

## DOMESTIC FILINGS

NAME:

BELLE GLADE CONGREGATION OF

JEHOVAHS WITNESSES, INC.

XX\_\_ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ PLAIN STAMPED COPY

EXT: 1156 CONTACT PERSON: Susie Knight EXAMINER'S INITIALS