

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 4:32

DOCUMENT # **N13820**

1. Corporation Name

HOLY REDEEMER CHURCH IN CHRIST, INC.

Principal Place of Business

Mailing Address

1484 NORTHWEST 58TH TERACE
MIAMI FL 33142

1484 NORTHWEST 58TH TERACE
MIAMI FL 33142



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

REINSTATEMENT *00*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/13/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2607666

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
PD	WALKER, RICHARD	8325 NW 29 CT	MIAMI FL
VD	WALKER, FLORA	8325 NW 29 CT.	MIAMI FL
SD	WOODWARD, GLADYS	19331 NW 193RD ST.	MIAMI FL
TD	ARTIS, JANNIE	3848 NW 207TH ST.	MIAMI FL
CDS	WALKER, STACY	1325 NW 58 STREET	MIAMI FL

AR 11/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, RICHARD
8325 NORTHWEST 29TH COURT
MIAMI FL 33147

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. **100003474781--5**
-11/27/00--01001--014
City *****245.** State **FL** Zip Code *****245.00**

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: *Richard Walker*
REGISTERED AGENT MUST SIGN

Date **10-27-00**

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: *FLORA DEEN WALKER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-15-00** (305) 693-9190
Daytime Phone #

CR2E040 (8/01)