PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JAN -6 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 30003 (CO)

1. Corporation Name

SEAMEN'S CHURCH INSTITUTE OF FLORIDA INC

Principal Place of Business	Mailing Address
1800 S.E. 32nd ST. Hollywood, FL 33316 VS	P.O. BOX 13034 FT. LAUDERDALE, FL. 33316

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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	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/30/1988

5. FEI Number: 65-0123576 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
DP	MILLEDGE, ALLAN	2100 PONCE DE LEON BLVD MI	MIAMI, FL. 33134
VD	NOVACEK, ARTHUR	701 SE 24TH ST.	FT. LAUDERDALE, FL. 33316
SD	SASSO, A.P.	20423 ST. Rd 7, #360	BOCA RATON, FL. 33498
M	MES ENBRING, DAVID	1207 SW 21ST. COURT	FT. LAUDERDALE, FL. 33315
D	SCHOFIELD, CALVIN O	525 N.E. 15TH ST.	MIAMI, FL.
DT	YAGER, JAMES D	3100 N.E 48TH ST #913	FT. LAUDERDALE, FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MILLEDGE, ALLAN 2100 PONCE DE LEON BLVD SUITE 600 MIAMI, FL. 33134	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # or Bldg. City / State / Zip Code

REINSTATEMENT 99 TS

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: Allan Milledge — Date: 1/5/00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (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: _____ 1/5/00 954-467-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #