

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JAN 22 PM 3: 57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N97000005036**

1. Corporation Name
FLORIDA CROSS-ROADS COMMUNITY CHURCH, INC.

Principal Place of Business Mailing Address
~~8325 SW 119 STREET~~ ~~MIAMI FL 33156~~ ~~6325 SW 119 STREET~~ ~~MIAMI FL 33156~~
13221 SW 131 ST. **JANE**



REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable: 13221 SW 131 ST.		3. New Mailing Office Address, If Applicable: JANE		4. Date Incorporated or Qualified To Do Business in Florida 09/04/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0779338	
City & State Miami, FL		City & State		Applied For Not Applicable	
Zip 33186	Country Jade	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SWISHER, JOHN	2325 SW 110TH STREET 17750 SW 139 Ct.	MIAMI FL 33156 Miami, FL 33177
D	GALLIFORD, WILLIAM	10331 SW 44TH STREET	MIAMI FL 33165
D	AVESANI, OTAVIO	10341 SW 127 STREET	MIAMI FL 33176
D	MAYRINCK, MOACYR	13924 SW 174 TERRACE	MIAMI FL 33177
D	PIERECK, CLAUDIO	12765 SW 67 COURT 8204 SW 178 Ter.	MIAMI FL 33156 Miami, FL 33157

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWISHER, JOHN 8325 SW 119 STREET 17750 SW 139 Ct. MIAMI FL 33156 Miami, FL 33177		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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 *John Swisher* Date 1/18/99
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: *John Swisher* 1/18/99 305-2383-4100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)