

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

05 SEP - 8 PH 4: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N42958**

**1. Corporation Name**

Las Olas Congregation of Jehovah's Witnesses, Inc.

**2. Principal Office Address**

425 S. W. 9th Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

425 S. W. 9th Street

Suite, Apt. #, etc.

**City & State**

Ft. Lauderdale, Florida

**City & State**

Ft. Lauderdale, Florida

**Zip**

33315

**Country**

Broward

**Zip**

33315

**Country**

Broward

**4. Date Incorporated or Qualified To Do Business in Florida**

4/15/1991

**5. FEI Number**

Not applicable

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required for a Certificate of Status

1998 OS

**7. Name and Address of Current Registered Agent**

**Name**

David G. Bisset

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

545 Oaks Lane

**Suite, Apt. #, Etc.**

402

**City**

Pompano Beach

State  
**FL**

Zip Code  
33069

800059453538  
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**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

*David G. Bisset*

Date

8/28/05

REGISTERED AGENT MUST SIGN

**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
Director	Bisset, David G.	545 Oaks Lane, Apt. 402	Pompano Bch., Fl. 33069
Director	Fillmore, Curtis	3781 N. W. 8 Place	Ft. Lauderdale, Fl. 33311
Director	Johnson, T. C.	372 Dayton Circle	Ft. Lauderdale, Fl. 33312

**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: *Curtis Fillmore* **CURTIS FILLMORE** 8/28/05 954-609-6811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)