

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004496

1. Corporation Name

Wactor Temple Living/Learning Center, Inc.

2. Principal Office Address - No P.O. Box #

5632 N.W. 31st Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

3. Mailing Office Address

5632 N.W. 31st Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

REINSTATEMENT

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1997

5. FEI Number

65-0780884

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Means, Rev. Dr. Maenell

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

1747 Rodman Street

Suite, Apt. #, Etc.

Unit 310

City

Hollywood

State

FL

Zip Code

33020

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Rev. Dr. Maenell Means
(REGISTERED AGENT MUST SIGN)

Date **December 21, 2009**

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	Means, Maenell	1747 Rodman Street, Unit 310	Hollywood, FL 33020
C	Singleton, B. Elizabeth	3101 N.W. 161st Terrace	Miami Gardens, FL 33054
T	Williams, Dessie H.	1100 N.W. 55th Street	Miami, FL 33127
S	Williams-McKinney, Debbie	8201 N.W. 6th Avenue	Miami, FL 33150
T	Pigatt, Freddie A.	6905 N.W. 28th Avenue	Miami, FL RH
T	Wilcox, Orlando	10205 N.W. 10th Avenue	Miami, FL 33150 HH

10. E-mail Address: **means0025@bellsouth.net**

(To be used for future annual report notification)

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. I further certify, 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:

Rev. Dr. Maenell Means

Rev. Dr. Maenell Means

12/21/09

407-857-0025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #