

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG -7 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

76-02

DOCUMENT # 702582
1. Corporation Name
Fifth Church of Christ, Scientist Miami, Inc.

2. Principal Office Address
1600 NW 54 St.
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33142 Country U.S.A.

3. Mailing Office Address
1600 NW 54 St.
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33142 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 1/1/1961

5. FEI Number 56-228-3341 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
Nellie Whiteside

Street Address (P.O. Box Number is Not Acceptable)
3440 Oak Av.

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33133

800007074408-3
-08/13/02--01034--013
***1785.00 ***1785.00

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 *Nellie E. Whiteside* Date 8-1-02
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
P	Harold Ferguson	901 NW 66 St.	Miami, Florida 33150
T	Nellie Whiteside	3440 Oak Av.	Miami, Florida 33133
S	Marjorie B. Griffin	1278 NW 55 St.	Miami, Florida 33142

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: *Harold Ferguson* Harold Ferguson, President 305-758-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8-01-02 Daytime Phone #

CR2E081 (9/01)