

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 AUG 12 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 708425

1. Corporation Name

HARDING STREET CHURCH OF CHRIST, INC.

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

5828 HARDING ST.

3. Mailing Office Address

5828 HARDING ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33021

Country

Zip

33021

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/2/1965

5. FEI Number

65-0025269

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

HORACE Y. MAGUIRE

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

1821 N. 48TH AVE.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

☒ 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

*Horace Y. Maguire*

REGISTERED AGENT MUST SIGN

Date

8/7/2009

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
S/D	BLASINGINI, EDWIN	1160 N.W. 193 ST	MIAMI, FL 33169
D	CLAIBORNE, EDGAR	1761 N.W. 85TH WAY	PEMBROKE PINES, FL 33024
P/D	RICHARDS, GEORGE L.	10671 N.W. 20TH ST.	PEMBROKE PINES, FL 33026
VP	EVANS, MELVIN	6501 S.W. 5TH ST.	PEMBROKE PINES, FL 33023
T	PRENTICE, RON	10335 N.W. 5TH AVE	MIAMI, FL 33150

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 contained in Chapter 119, 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:

*Edwin Blasingini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/09

Date

305-653-3267

Daytime Phone #

Edwin Blasingini