PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS 99AR

FILED
99 NOV -5 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **738919**

1. Corporation Name

FIRST UNITARIAN CHURCH OF MIAMI, FLORIDA

Principal Place of Business	Mailing Address
7701 S.W. 76 AVENUE MIAMI FL 33143	7701 S.W. 76 AVENUE MIAMI FL 33143

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/13/1977

5. FEI Number: 59-0774186 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required for a Certified Copy

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTR	LINGSWILER, ALICE K, EXEC. V.P./DIR.	10335 SW 42ND ST	MIAMI FL 33165
VTR	~~JACOBER, ROBERT~~ PRESIDENT/DIR. President, John ASGEIRSON	~~12130 SW 107TH AVE~~ 5510 SW 76 St. D.	~~MIAMI FL~~ 33143.
VTR	~~SNOOK, THOMAS~~ TREASURER/DIR. BARBARA KLEIN, TreaSuper	~~1454 MENDAVIA AVE.~~ 14463 S.W. 138 Court	~~MIAMI FL~~ 33186
EVP	~~BOST, JOHN~~ KAREN PAUL, VP-finance	~~231 SW 99TH ST.~~ 4050 PARK AVENUE.	~~MIAMI FL 33143~~ Miami, Fl 33133.
TTR	~~WORSDALE, MARK~~ TRUSTEE BEN MORGAN	~~6750 SW 74TH ST~~ 10 PARCHOISE KEY, #134	~~MIAMI FL~~ HOMESTEAD FL 33034
S	~~NOREEN A. OBERPRILLER~~ JANE RUCK CLERK.	~~6400 SW 8TH ST.~~ 1525 NW 8 Street	~~MIAMI FL 33144~~ Miami, 33030 FL.

8. Name and Address of Current Registered Agent

~~LINGSWILER, ALICE K~~
~~10335 SW 42ND ST~~
~~MIAMI FL 33165~~
John ASGEIRSON, President
5510 SW 76 St #D
Miami, Fl. 33143.

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (9/99)

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: X John Asgeirson REQUIRED Date: 10/17/99
REGISTERED AGENT MUST SIGN

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 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: X John Asgeirson REQUIRED 10/17/99 Date 305 594-7615 305-666-5699 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/99 96029 015 70.00