PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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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.

REINSTATEMENT

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 Certificate of Status

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
EVPD	LINGSWILER, ALICE K	10335 SW 42ND ST	MIAMI FL 33165
PD	~~ASGEIRSON, JOHN~~ SELVA JOSEPH	~~5510 SW 76ST D~~ 14678 SW 139 PLACE	MIAMI FL ~~33143~~ 33186.
TD	~~KLEIN, BARBARA~~ KELLEY MULDOON	~~14463 SW 138 COURT~~ 16500 SW 77 AVE	MIAMI ~~33186~~ 33157
VPF	~~PAUL,KAREN~~ FELIX CANABAL	~~4050 PARK AVE~~ 7635 SW 82 AVE	MIAMI FL ~~33133~~ 33143
T	MORGAN, BEN .	10 PARACHUTE KEY, #124	HOMESTEAD FL 33034
C	~~KUCK, JANE~~ JANICE McARthuR	~~1525 NW 8 STREET~~ 12130 SW 107 AVE	MIAMI FL ~~33030~~ 33176.

8. Name and Address of Current Registered Agent

~~ASGEIRSON, JOHN P~~
~~5510 SW 76 ST. #D~~
~~MIAMI FL 33743~~

9. Name and Address of New Registered Agent

Name: ALICE K. LINGSWILER
Street Address (P.O. Box Number is Not Acceptable): 10335 SW 42 Street
Suite, Apt. #, Etc.: 400003497164--4 -12/12/00--01063--020
City: MIAMI ****245. State: FL ZIP: 33165

CR2E040 (8/00)

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 Alice K Lingswiler SIGNATURE REQUIRED — Date: November 20, 2000
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.

KE

SIGNATURE: X SIGNATURE REQUIRED ALICE K Lingswiler — 11/20/2000 — 305-221-0843.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #