


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 09-10
CR2E081 (11/09)

DOCUMENT # **744109**

1. Corporation Name
First United Methodist Church of South Miami.

2. Principal Office Address - No P.O. Box #
6565 Red Road

3. Mailing Office Address
6565 Red Road

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip Country
33143 USA

Zip Country
33143 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. PEI Number
590791020

Applied For
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
REV. CATHY FELBER

Street Address (P.O. Box Number is Not Acceptable)
6565 Red Road

Suite, Apt. #, Etc.

City State Zip Code
Coral Gables FL 33143

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 Cathy Felber** Date **3/23/10**

REGISTERED AGENT MUST SIGN

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| Pastor | Rev. Cathy Felber | 8104 SW 102nd St Miami, FL 33156 | Miami, FL 33156 |
| | | | |
| | | | |

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10. E-mail Address: **SPEREZFUMCS@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: **Shirley B** Date **3-25-10** Daytime Phone # **(305) 667-7508**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR