

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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900173912529  
03/31/10--01033--007 \*\*236.25REINSTATEMENT 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

Suite, Apt. #, etc.

3. Mailing Office Address

6565 Red Road

Suite, Apt. #, etc.

City &amp; State

Coral Gables, FL

City &amp; State

Coral Gables, FL

Zip

33143

Country

USA

Zip

33143

Country

USA.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. PEI Number

590791020

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

REV. CATHY FELBER

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

6565 Red Road

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

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)

Titles	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

900173912529

03/23/10 01025 007 \*\*70.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-10 (305) 667-7608

Date

Daytime Phone #