

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:10

DOCUMENT # 746825

1. Corporation Name
Coral Park Church of Christ, Inc.

2. Principal Office Address
166 N.W. 103rd St.
Suite, Apt. #, etc.

3. Mailing Office Address
166 N.W. 103rd St.
Suite, Apt. #, etc.

City & State
Miami Shores, FL

City & State
Miami Shores, FL

Zip Country
33150 U.S.

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33150 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida 4/20/79

5. FEI Number 746825 59-190304
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 99.00

7. Name and Address of Current Registered Agent

Name Eric Allen
Street Address (P.O. Box Number is Not Acceptable) 166 N.W. 103rd Street
Suite, Apt. #, Etc.
City Miami Shores

200003413902-4
10/10/00-01007-011
****306.25 ****306.25

State Zip Code
FL 33150

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 Eric Allen

Date 8/1/00

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
PD	Clarence Jones	225 N.W. 128th St.	Miami/FL
VD	Andrew Allen	150 N.W. 69th St.	Miami/FL
VD	Eric Allen	166 N.W. 103rd St.	Miami Shores, FL

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 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: Andrew O. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-756-0965
9-27-00/305-552-4639

Date Daytime Phone #

CR2E081 (9/99)