

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757070

1. Corporation Name

EBENEZER UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

2001 NW 35TH ST.
MIAMI FL 33142-5425

2001 NW 35TH ST.
MIAMI FL 33142-5425



REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida

03/17/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1174326

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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

7. Name(s) 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
CTD	SMITH, TIMOTHY	16101 NW 18TH AVE	MIAMI, FL 00000
TD	MOORMAN, ROGE DAVIS, TRENISE	620 NW 172 TERRACE 750 N.W. 128 Street	MIAMI, FL 00000 Miami, FL 33168
SD	REED, AGGIE M ANDERSON, NICOLE	3720 NW 170TH ST 2549 N.W. 67th Street	MIAMI, FL 00000 Miami, FL 33147
CAD	SCOTT, FRANGENIA H FRANCIS, WILLIAM O.	186 NW 86 STREET 631 S. W. 111 Lane #107	MIAMI FL 33180 Pembroke Pines, FL 33025
CMD	JOHNSON, ELOISE S	2501 NW 55 TERRACE	MIAMI FL
CFD	BURKE, PERNELLA GLENN, ALPHONSO	1380 NW 90TH ST 4851 N.W. 177 Street	MIAMI FL 33147 Miami, FL 33055

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BULLARD, ALVIN G
5250 NW 26TH AVENUE
MIAMI FL 33142

Name

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

Suite, Apt. #, Etc.

800025128068

City

12/01/03--01073--010 ***750.00

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Alvin Bullard
REGISTERED AGENT, MUST SIGN

Date

10/21/03

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:

Timothy Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03-3056216420

Date

Daytime Phone #

CR2E040 (7/03)