

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 19 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

760498

1. Corporation Name

ST. Timothy LUTHERAN CHURCH

2. Principal Office Address

8601 S.W. 199 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

8601 SW 199TH ST.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33189

Country

Miami - Dade

City & State

Miami, FL

Zip

33189

Country

Miami - Dade

REINSTATEMENT

98-03

5/24/03 01041 006 420.00

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 1959

5. FEI Number

59-1086282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roy Pagliai

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

9631 BAHAMA DRIVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33189

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

Cynthia Azcuy

REGISTERED AGENT MUST SIGN

Date 6-17-03

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
Pres.	Roy Pagliai	9631 BAHAMA DRIVE	Miami, FL. 33189
V.P.	Tom KANSMAN	18901 SW 312 ST	HOMESTEAD, FLA. 33030
SecT	Cynthia AZCUY	20500 MARTA DRIVE	Miami, FLA. 33189
Treas.	Diana KANSMAN	18901 SW 312 ST.	HOMESTEAD, FLA. 33030

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:

CYNTHIA AZCUY
Cynthia Azcuy - SecT.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-03

Date

305-252-7358

Daytime Phone #

CR2E081 (10/02)