

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV 24 PM 12:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **765791**

1. Corporation Name
LA PUNTA SPANISH CONGREGATION OF JEHOVA'S WITNESSES OF MIAMI FLORIDA INC.

Principal Place of Business C/O MIGUEL RAMIREZ 601 SW 7 ST. MIAMI FL 33130	Mailing Address C/O MIGUEL RAMIREZ 601 SW 7 ST. MIAMI FL 33130
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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 11/18/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2386314	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	RAMIREZ, MIGUEL	601 SW 7TH STREET	MIAMI FL
TD	QUINTANA, LINO L.	601 SW 7TH STREET	MIAMI FL
SD	QUINTANA, GUILLERMO	601 SW 7 ST	MIAMI FL
			300002358063-9 -11/28/97-0102 ****2386.25
			REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROHAN, LAURENCE J 3780 WEST FLAGLER STREET MIAMI FL 33134		Name <i>Laurence J. Rohan</i> Street Address (P.O. Box Number is Not Acceptable) <i>6101 Sw 76 st.</i> Suite, Apt. #, Etc. City <i>South Miami</i> State FL Zip Code 33143	

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.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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: *M. Ramirez* 10/27/97 (305) 545-8979
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22040 (8/97)