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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 17 AM 8:00

DOCUMENT # 767058

1. Corporation Name

MIAMI-DADE CHURCH OF CHRIST, INC.

REINSTATEMENT 03-04

Principal Place of Business	Mailing Address
7103 SW 115 PL UNIT F MIAMI FL 33173	7103 SW 115 PL UNIT F MIAMI FL 33173

800028932718
02/17/04--01030--011 **175.00 MRS

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/11/1983

5. FEI Number: 59-2476118 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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	4 City / State / Zip
D	HOOTS, MICHAEL	19760 SW 243 TERR	HOMESTEAD FL 33031
T	RICHARD, SANCHEZ	1330 W 54TH ST 201	HIALEAH FL 33012
VP	BARBERENA, ROBERTO JR	5935 SW 116 AVE	MIAMI FL 33177
P	CALDERON, VICTOR	11306 SW 125 PL	MIAMI FL 33186
S	BARBERENA, ROBERTO JR	5935 SW 116 AVE	MIAMI FL 33173
D	EDMUNDO, DANTA	1031 SW 124 CT	MIAMI FL 33184

8. Name and Address of Current Registered Agent

HOOTS, MICHAEL
19760 SW 243 TERR
HOMESTEAD FL 33031

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

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 _____ Date 1/25/04

REGISTERED AGENT MUST SIGN

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: Michael Hoots 1/25/04 786-341-0259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #