

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 8:45

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006530

1. Corporation Name

MIAMI EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

5405 S.W. 87TH AVE
MIAMI FL 33165

Mailing Address

5405 S.W. 87TH AVE
MIAMI FL 33165



REINSTATEMENT 02

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

09/12/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

60-0000873

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ABRAHAM, JAMES M	5405 S.W. 87TH AVE	MIAMI FL 33165
D	EBANKS, LESLIE	11944 SW 122 CT	MIAMI FL 33186
D	CANNON, OLIVER M	5821 NE 21 RD	FT. LAUDERDALE FL 33308

11/27/02

500009247825
11/27/02--01108--008 **236.25

8. Name and Address of Current Registered Agent

ABRAHAM, JAMES M
5405 SW 87TH AVE
MIAMI FL 33165

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

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

James M. Abraham
REGISTERED AGENT MUST SIGN

Date

11/08/02

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:

James M. Abraham
JAMES M. ABRAHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/08/02

Daytime Phone #

305-2731329
305-5957350

CR2E040 (8/02)