

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 -5 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008562

1. Corporation Name

MOUNT SINAI UNITED METHODIST CHURCH OF HALLANDALE, INC.

Principal Place of Business

324 FOSTER RD.
HALLANDALE FL 33009

Mailing Address

324 FOSTER RD.
HALLANDALE FL 33009

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4270 NW 40th St.
408

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

City & State

Zip

33319

Country

Broward

Zip

3

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2001

5. FEI Number

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	HUTCHINS, WILLIE	PO BOX 662	HALLANDALE FL 33008
D	BROWN, EVERETT	3324 SW 12 CT.	FT. LAUDERDALE FL 33312
D	PARKS, CAROL	3951 NW 36 TERRACE	LAUDERDALE FL 33319
D	MILLS, DELORES	609 NW 1 AVE.	HALLANDALE FL 33009
D	SHOATS, TIA	280 KANSAS AVE.	FT. LAUDERDALE FL 33312

8. Name and Address of Current Registered Agent

HENRY, ERNESTINE V
4270 NW 40 ST. # 408
LAUDERDALE LAKES FL 33319

9. Name and Address of New Registered Agent

Name

Ernestine V. Henry

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

4270 N.W. 40th Street # 408

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33319

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/05/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/05/02 (954) 484-4010

CRF040 (8/02)