

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N040000003743

1. Corporation Name *Church of Christ Written In
Heaven, Brownsville, Inc.*

FILED

05 NOV -7 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100061220541

11/07/05--01066--003 **236.25

2. Principal Office Address

317 N.W. 46 Street

Suite, Apt. #, etc.

3. Mailing Office Address

1202 N.W. 56 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33142

Country

USA

Zip

33142

Country

USA

REINSTATEMENT CR20081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Jerdy E. Miller*

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

1202 NW 56 Street

Suite, Apt. #, Etc.

City

Miami, Florida

State

FL

Zip Code

33142

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

Jerdy E. Miller

REGISTERED AGENT MUST SIGN

Date *10/31/05*

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
<i>PD</i>	<i>Thomas, Brown, Senior Bishop</i>	<i>1110 West 8 Street</i>	<i>Jacksonville, Fl. 32209</i>
<i>MD</i>	<i>Miller, Jerdy, Elder</i>	<i>1202 NW 56 Street</i>	<i>Miami, Fl. 33142</i>
<i>D</i>	<i>Miller, Debra S.</i>	<i>1202 NW 56 Street</i>	<i>Miami, Fl. 33142</i>
<i>D</i>	<i>Robinson, Rosa</i>	<i>773 N.W. 49 Street</i>	<i>Miami, Fl. 33107</i>
<i>D</i>	<i>Miller, Debra</i>	<i>1202 N.W. 56 Street</i>	<i>Miami, Fl. 33142</i>

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:

Jerdy E. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/05

Daytime Phone #

*305-546-7561
305-323-8501*