


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 MAY -1 PM 12:22  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N04273

1. Corporation Name  
 West Perrine Church of Christ, Inc.

2. Principal Office Address - No P.O. Box #  
 230 NW 7 AVE.

3. Mailing Office Address  
 P.O. Box 970154

City & State  
 Homestead, FL Perrine, Florida

Zip Country Zip Country  
 33030 Dade 33197 Dade

4. Date Incorporated or Qualified To Do Business in Florida  
 7/5/84

5. FEI Number  
 59-2298111

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
 Almener Horn

Street Address (P.O. Box Number is Not Acceptable)  
 230 NW 7 AVE.

City State Zip Code  
 Homestead FL 33030

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the corporation, am familiar with the provisions of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  
 [Signature]

Date  
 4/26/2008

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
President	Alfred B. Holt	3071 N.W. 69 terrace Miami FL	Miami, FL 33147
Vice President	Isaac Hooks	10370 SW 220 St. #114	Miami, FL 33190
Secretary	Almener Horn	230 NW 7 AVE.	Homestead, FL 33030

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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 contained in Chapter 119, 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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
 4/28/2008

Daytime Phone #  
 786 587 7114