

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 14 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04981

1. Corporation Name

WEST HIALEAH CONGREGATION OF JEHOVAH'S WITNESSES, INC.

2. Principal Office Address - No P.O. Box #
661 W 24 TERRACE

Suite, Apt. #, etc.

City & State
HIALEAH

Zip
33010

Country
MIAMI-DADE

3. Mailing Office Address
661 W 24 TERRACE

Suite, Apt. #, etc.

City & State
HIALEAH

Zip
33010

Country
MIAMI-DADE

REINSTATEMENT 84-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 09/05/84

5. FEI Number
65-0123253

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
THE LEGAIR LAW FIRM, PA

Street Address (P.O. Box Number is Not Acceptable)
1601 N PALM AVENUE

Suite, Apt. #, Etc.
SUITE 304A

City
PEMBROKE PINES

State FL **Zip Code** 33026

☐ 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 above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 9-13-07

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
D	EMILIO ABOUD	4351 W 11 LANE	HIALEAH, FL 33012
D	NORBERTO RODRIGUEZ	661 W 24 TERRACE	HIALEAH, FL 33010
D	ANTONIO PENA	3411 NW 101 STREET	MIAMI, FL 33147
	<i>[Signature]</i>		

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

9/13/07

Date

(305) 986-4841

Daytime Phone #