

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT -2 AM 9:22

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # N07000010313

1. Corporation Name

Second Church of Christ, Scientist, Miami, Florida, Inc.

2. Principal Office Address - No P.O. Box #

3840 Main Highway

Suite, Apt. #, etc.

3. Mailing Office Address

3840 Main Highway

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

City & State

Miami, FL

Zip

33133

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5-26-1926

5. FEI Number

59-0737907

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

Ted H. Bartelstone, Esq.

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

9200 South Dadeland Blvd.

Suite, Apt. #, Etc.

208

City

Miami

State

FL

Zip Code

33153

600264982816
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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

REGISTERED AGENT MUST SIGN

Date

9-11-14

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
C/D	Lee Rentz	3840 Main Highway	Miami, FL 33133
S/D	Matthew Harris	3840 Main Highway	Miami, FL 33133
D	July Ansaldi	3840 Main Highway	Miami, FL 33133
REINSTATEMENT			S. HAWKES
2014			OCT 03 AM.

10. E-mail Address: Bstonelaw@aol.com

(To be used for future annual report notification)

EXAMINER

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Lee A. Rentz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/14

Date

Daytime Phone #