PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 27 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00

DOCUMENT # N21852

1. Corporation Name

DELRAY BEACH, FLORIDA, CONGREGATION OF JEHOVAH' S WITNESSES, INC.

Principal Place of Business	Mailing Address
12900 BARWICK RD DELRAY BEACH FL 33445 US	C/O JAMES MURRAY JR 2542 DORSON WAY DELRAY BCH FL 33445 US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/03/1987 SP

5. FEI Number: 65-0046258 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~P~~ D	~~WALKER, EDDIE~~ Mark Ramos	~~521 SNAPPER WAY~~ 4552 Brady Blvd	DELRAY BEACH FL 33445
VP	GERLACH, RALPH V.	1050 DOTTEREL RD. #314-3	DELRAY BEACH FL
P	MURRAY, JAMES JR.	2542 DORSON WAY	DELRAY BEACH FL
D	DAVIS, HERBERT	338 NW 5TH AVE.	DELRAY BEACH FL
S	MORRITT, GEORGE	1010 DOTTEREL RD APT 300	DELRAY BEACH FL 33444
D	OSMAN, RODGER	P.O. BOX 216 NA	DELRAY BEACH FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MORRITT, GEORGE ~~1010 DOTTEREL RD~~ 2915 S W 15th ST. #103 ~~#300~~ DELRAY BEACH FL ~~33444~~ 33445	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code FL

100003472511--8
-11/21/00--01050--020
****236.25 ****236.25

CR2E040 (8/00)

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.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10-16-00
REGISTERED AGENT MUST SIGN

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 — MARK RAMOS — 10-16-00 — 561-498-7937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074326 AF