

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 NOV 25 AM 9:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N25570**

1. Corporation Name  
**JEHOVAH'S WITNESSES CONGREGATION OF SOUTH MIAMI BEACH, INC.**

Principal Place of Business 300 WEST 40 ST STE 406 MIAMI BEACH FL 33140 US	Mailing Address 7300 WAYNE AVE SUITE 406 MIAMI BCH FL 33141-2546 US
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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 <b>860 N.E. 80TH STREET</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>03/24/1988</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>MIAMI, FL</b>	5. FEI Number <b>NOT APPLICABLE</b>
City & State	City & State <b>33138</b>	Applied For <b>Not Applicable</b>
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	POOLE, JOHN G.	7300 WAYNE AVE #406	MIAMI BEACH FL
D	COOPER, KENNETH	130 SOUTHSHORE DR., UNIT 5 E	MIAMI BEACH FL
D	FERGUSON, MICHAEL E.	860 N.E. 80TH STREET	MIAMI FL
			100002701061--9 -12/03/98-01005-012 ****236.25 ****236.25

8. Name and Address of Current Registered Agent <b>POOLE, JOHN G. 7300 WAYNE AVE STE 406 MIAMI BEACH FL 33141</b>	9. Name and Address of New Registered Agent Name <b>MICHAEL E. FERGUSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>860 NE 80TH STREET</b> Suite, Apt. #, Etc. City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33138</b>
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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 **11-17-98**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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** **MICHAEL E. FERGUSON** 11-17-98 305-751-1988  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)