

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 MAY -4 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31734**

1. Corporation Name

**KERR MEMORIAL UNITED METHODIST CHURCH
INC.**

Principal Place of Business

Mailing Address

**REV. JIMMIE L. BROWN
10066 WEST INDIGO STREET
MIAMI, FL 33157**

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

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

36-2167731

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	EDMOND ROGERS	10066 W. INDIGO ST	MIAMI, FL 33157
D	JIMMIE BROWN	2320 SE 7th PLACE	HOMESTEAD, FL 33033
D	MADISON HOLMES	10066 W. INDIGO ST	MIAMI, FL 33157
D	LYVENIA BAXTER	10066 W. INDIGO ST	MIAMI, FL 33157

REINSTATEMENT 91-98
5-8-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**EDMOND ROGERS
10066 W. INDIGO STREET
MIAMI, FL 33157**

Name

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

900002521009--8

Suite, Apt. #, Etc.

-05/12/98--01095--030

City

******673.75**

******673.75**

State

Zip Code

FL

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

Edmond Rogers

REGISTERED AGENT MUST SIGN

Date **4/29/90**

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:

EDMOND ROGERS

Edmond Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/90 (805) 235-3517

Date

Daytime Phone #

CR2ED040 (1/98)