

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 12 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-31734

1. Corporation Name

Kerr Memorial United Methodist Church, Inc.

2. Principal Office Address

10066 West Indigo St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

3. Mailing Office Address

10066 West Indigo St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

600016059266

04/15/03--01015--010 **358.75

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 10, 1989

5. FEI Number

36-2167731

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mr. Edmond Rogers

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

10066 West Indigo St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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

Edmond Rogers

Date April 8, 2003

REGISTERED AGENT MUST SIGN

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
Pastor	Edmond Rogers	10235 SW 17th St	Miami, FL 33157
Pastor	Rev. Bobby L. Bradley	115942 SW 104 Ave	Miami, FL 33157
Chair	Madison Holmes	7851 SW 144 St	Miami, FL 33158
Chair	Leroy Johnson	114421 Carver Dr	Miami, FL 33176

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2003 305-235-3517

Date

Daytime Phone #

CR2E081 (10/02)