

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42958**

1. Corporation Name

Las Olas Congregation of Jehovah's Witnesses, Inc.

2. Principal Office Address

425 S. W. 9th Street

Suite, Apt. #, etc.

3. Mailing Office Address

425 S. W. 9th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip

33315

Country

Broward

Zip

33315

Country

Broward

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

4/15/1991

5. FEI Number

Not applicable

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

1998 OS

7. Name and Address of Current Registered Agent

Name

David G. Bisset

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

545 Oaks Lane

Suite, Apt. #, Etc.

402

City

Pompano Beach

State

FL

Zip Code

33069

800059453538
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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

David G. Bisset

REGISTERED AGENT MUST SIGN

Date

8/28/05

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
Director	Bisset, David G.	545 Oaks Lane, Apt. 402	Pompano Bch., Fl. 33069
Director	Fillmore, Curtis	3781 N. W. 8 Place	Ft. Lauderdale, Fl. 33311
Director	Johnson, T. C.	372 Dayton Circle	Ft. Lauderdale, Fl. 33312

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: *Curtis Fillmore* **CURTIS FILLMORE** 8/28/05 954-609-6811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)