

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

05 SEP - 8 PH 4: 17

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

3. Mailing Office Address  
425 S. W. 9th Street

Suite, Apt. #, etc.

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City & State  
Ft. Lauderdale, Florida

City & State  
Ft. Lauderdale, Florida

Zip Country  
33315 Broward

Zip Country  
33315 Broward

4. Date Incorporated or Qualified  
To Do Business in Florida 4/15/1991

5. FEI Number Applied For  
Not applicable  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

**800059453538**  
09/08/05--01047--005 \*\*665 00

Suite, Apt. #, Etc.  
402

City  
Pompano Beach

State Zip Code  
FL 33069

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)