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 23 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48069

1. Corporation Name NORTH HIALEAH UNITED METHODIST CHURCH, INC

Principal Place of Business	Mailing Address
5559 PALM AV. HIALEAH, FL. 33012	2850 SW 27TH AV. MIAMI, FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

200002698762--6
-12/01/98--01045--022
****297.50 ****297.50

REINSTATEMENT 9798

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc. SEE ABOVE
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: MAY 1, 1992

5. FEI Number: 59-0947725 — Applied For ☐ Not Applicable ☐

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)

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
P/D	REV. CLARKE CAMPBELL-EVANS	2850 SW 27TH AV.	MIAMI, FL, 33133
V/D	REV. FRANK SMITH	2850 SW 27TH AV	MIAMI, FL. 33133
T/S/D	MOLLY N JOHNSON	2850 SW 27 AV.	MIAMI, FL 33133

200002698762--6
-12/01/98--01045--023
******8.75 ******8.75

8. Name and Address of Current Registered Agent

WALLACE WELDEN
C/O NORTH HIALEAH UNITED METHODIST CHURCH
5559 PALM AV. HIALEAH, FL. 33012

9. Name and Address of New Registered Agent

Name: MOLLY N. JOHNSON
Street Address (P.O. Box Number is Not Acceptable): 2850 SW 27TH AV.
Suite, Apt. #, Etc.:
City: MIAMI, State: FL Zip Code: 33133

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: Molly N. Johnson — REGISTERED AGENT MUST SIGN — Date: NOV. 19, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ EXEMPT (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.

Molly N. Johnson

SIGNATURE: MOLLY N. JOHNSON — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 19 1998 — Date

(305) 445-9136 — Daytime Phone #