

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N48669

1. Corporation Name

NORTH HIALEAH United Methodist Church, Inc.

2. Principal Office Address

5559 PALM AVE

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip

33013

Country

USA

3. Mailing Office Address

2850 SW 27 Ave

Suite, Apt. #, etc.

2nd FL

City & State

MIAMI FL

Zip

33133

Country

USA

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. Name and Address of Current Registered Agent

Name

Molly N. Johnson

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

2850 SW 27 Ave

Suite, Apt. #, Etc.

2nd Floor

City

Miami

State

FL

Zip Code

33133

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

Molly N. Johnson

REGISTERED AGENT MUST SIGN

Date

3/7/01

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
P/D	REV. CLARKE Campbell-Evans	2850 SW 27 Av, 2nd FL	Miami FL 33133
S/D	REV. FRANK Smith	2850 SW 27 Av, 2nd FL	Miami FL 33133
M/D	Molly N. Johnson	2850 SW 27 Av, 2nd FL	Miami FL 33133

00-01482

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:

Clarke Campbell-Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

305/445-9136

Daytime Phone #

CR2E081 (9/00)



The Miami District
Florida Conference

Page 2 of 2
Committed to Excellence
Miami-Dade County, The Florida Keys

The United Methodist Church

Clarke Campbell-Evans, District Superintendent

PO Box 144880, Coral Gables FL 33114
2850 SW 27 Avenue, Miami FL 33133

Office - 305/445-9136
Fax - 305/442-0216

April 17, 2001

To Whom It May Concern:

I am writing in regard to the reinstatement of North Hialeah United Methodist Church, Inc, ref. Number N48669. About August, 2000, we discovered that we had mistakenly not filed our 2000 form. We wrote out a check and mailed it. We never heard that anything was amiss until we closed out books and discovered that the check to the Department of State was still outstanding. In contacting your office, I was told that the check had been returned and the corporation had been dissolved. We never got the check back or notice of being dissolved.

I am asking that you waive the \$297.50 reinstatement fee as we were faithful the year before in filing. I have enclosed a check in the amount of \$122.50 to cover the Annual Report Fee and a copy of the Certificate Status for 2000. I understand that this fee is due before May 1, 2001 for this year's filing fees. Please send a form for me to do that in a timely manner. Please check our address as we have had problems in the past.

Sincerely,

Molly N. Johnson
Administrative Assistant