

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 AM 7:24

DOCUMENT # **N48831**
1. Corporation Name **The Orlando Florida
Congregation of Jehovah's
Witnesses, Inc**

2. Principal Office Address
1327 Lowrie Ave
Suite, Apt. #, etc.

3. Mailing Office Address
1327 Lowrie Ave
Suite, Apt. #, etc.

City & State
Orlando, Fl.

City & State
Orlando, Fl.

Zip
32805

Country
USA

Zip
32805

Country
USA

REINSTATEMENT

99.00

4. Date Incorporated or Qualified
To Do Business in Florida **5/08/92**

5. FEI Number
NOT Applicable

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 **RUFUS Miller**

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

1327 LOWRIE AVE

Suite, Apt. #, Etc.

City
Orlando, Fl.

500003212395-7
-04/18/00-01040-004

******100.00 ****100.00**

500003212395-7
-04/18/00-01040-005

******197.00 ****197.00**

State
FL

Zip Code
32805

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 **Rufus Miller**

REGISTERED AGENT MUST SIGN

Date **2/23/00**

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
ELDER	RUFUS Miller	1327 LOWRIE AVE	Orlando, Fl. 32805
ELDER	LAWRENCE PLAMANN	2664 CLEAR CREEK LANE	Orlando, Fl. 32805
ELDER	RAY Richter	5215 Indian Hill ROAD	Orlando, Fl. 32805
			AD

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:

Rufus Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00
Date

407 851-5800
Daytime Phone #

CR2E081 (9/99)