## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** ·FQR REINSTATEMENT



FLORIDA DEPART ENT OF STATE

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

02 OCT 31 AM 8: 01

DOCUMENT #

N48831

1. Corporation Name

THE ORLANDO FLORIDA	<b>CONGREGATION OF</b>	JEHOVAH'S WI
TNESSES, INC.	· · .	^

Principal Place of Business

1327 LOWRIE AVE. ORLANDO FL 32805 Mailing Address

1327 LOWRIE AVE.

ORLANDO FL 32805

If above a	addresses are incorrect in any way, li	ne through incorrect i	information a	and enter correction below.				
New Principal Office Address, If Applicable 3. New M			ailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     05/08/1992			
Suite, Apt. #, etc. City & State		Suite, Apt. #	Suite, Apt. #, etc.  City & State		5. FEI Number			
		City & State			J. TETHUMBER	NOT APPLICABL	E Applied Fo	
Zip	Country	Zip	-	Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee req for a Certificate of Stat	uired us
7. Names	and Street Addresses of Each Office	and/or Director (Flo	orida nonprol	fit corporations must list at le	east 3 directors)			
Title(s)	Name of Officer and/or Director		Street Address of Each Officer and/or Director			City / State / Zip		
ED	MILLER, RUFUS		1327 LOWRIE A			ORLANDO FL 32805		
ED	PLAUMANN, LAWRENCE			2664 CLEAR COVE LANE		ORLANDO FL 32805		
ED	D RICHTER, RAY		5215 INDIAN HILL ROAD			ORLANDO FL 32805		
							v =1141 - 37 11 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
					<b>80</b> 4	0008726i 0201055005	3 <b>58</b> **61,25	
					i			
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent					
MILLER, RUFUS				Name				
1327 LOWRIE AVE. ORLANDO FL 32805			Street Address (P.O. Box Number is Not Acceptable)					
			Suite, Apt. #, Etc.					
		·		City			ate Zip Code	$\neg$
10. I, being	appointed the registered agent of the	above named corp	oration, am fa	amiliar with and accept the	obligations of Section		<del></del>	$\dashv$

11. 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 filling 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:** 

Signature of Registered Agent

Daytime Phone #

10/28/02

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CENTRAL CONGREGATION OF

KINGDOM HALL:



To whom it may concern;

I am writing you to inform you that the prior UBR notices were not received by me or any body associated with this corporation I am sending the required reinstatement fee. If you have any questions please call me at my home phone number 407-843-8895.

Thank you very much

Rufus Miller