

Reprints 1/1/7005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 10 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. Date Incorporated or Qualified
To Do Business in Florida

1-25-05

5. FEI Number

N/A

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.

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City

Orlando

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

Date 1-25-05

REGISTERED AGENT MUST SIGN

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
PRES	RUFUS MILLER	1327 Lowrie Ave	Orlando, FL 32805
V-PRES	LAWRENCE PLAMANN	2664 CLEAR COVE LANE	Orlando, FL 32805
SEC	RAY RICHTER	5215 Indian Hill Road	Orlando, FL 32808

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 RUFUS MILLER

1-25-05 407-970-6733

Date

Daytime Phone #

CR2E081 (01/04)