check # 1976 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
96 NOV 25 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50187

1. Corporation Name

CLEWISTON, FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business	Mailing Address
221 W. EL PASCO AVE. CLEWISTON FL 33440	C/O ROBERT NIGHTINGALE 307 PINECREST AVE. MOORE HAVEN FL 33471

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

REINSTATEMENT

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

4. Date Incorporated or Qualified To Do Business in Florida: 07/07/1982

5. FEI Number: 59-1667389 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	NIGHTINGALE, ROBERT	307 PINECREST AVE.	MOORE HAVEN, FL 33471
V/D	SAPP, GARY	520 W. ALVERDEZ AVE	CLEWISTON FL 33440
STD	WARNER, EARL	P.O. BOX 1192 N/A	CLEWISTON FL 33440
D	O'DELL,, ROLAND	P.O. BOX 1498 N/A	CLEWISTON, FL 33440
D	BAKER,, ROBERT	924 MISSISSIPPI AVE.	CLEWISTON FL 33440

11/25-96

8. Name and Address of Current Registered Agent

NIGHTINGALE, ROBERT
307 PINECREST AVE.
MOORE HAVEN FL 33471

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City / State / Zip Code: FL

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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: Robert Nightingale SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 9/29/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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.

SIGNATURE: SIGNATURE REQUIRED Gary S. Sapp V/D 29 Sep 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #