

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

00 MAR 20 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50339

1. Corporation Name

Vista Christian Ministries, Inc.

Principal Place of Business

Mailing Address

1700 NW 119th St
Miami FL
33167

P.O. Box 416718
Miami Beach FL
33141

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

593136181

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	William C. Byrd	1700 NW 119th St.	Miami, FL 33167
DV	Brian G. Garrett	367 Everett Community Rd.	Pineblow NC 27865
D	John Shields	1700 NW 119th St.	Miami FL 33167
D			
S	Tara Garrett	367 Everett Community Rd.	Pineblow NC 27867
T	Donna P. Byrd	1904 Meredith Dr.	Tarboro NC 27886

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

William C. Byrd, Jr.
1700 NW 119th St
Miami FL 33167

Name

William C Byrd Jr

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

1700 NW 119th St

Suite, Apt. #, Etc.

Miami

City

Miami

State

Zip Code

FL

33167

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

William C Byrd Jr

REGISTERED AGENT MUST SIGN

Date

2-12-2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2000

Date

Daytime Phone #

305-333-5075

KE

CR2E081 (12/98)