

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 NOV 15 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002720

1. Corporation Name  
PLYMOUTH CONGREGATIONAL CHURCH FOUNDATION, INC.

Principal Place of Business 3400 DEVON ROAD MIAMI FL 33133	Mailing Address 3400 DEVON ROAD MIAMI FL 33133
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Old Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/17/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0433596	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DP	GRAGG, K L	714 CALATRAVA AVENUE	CORAL GABLES FL 33143
DV	ADERHOLDT, MARY M	5170 N.W. 101ST PL	MIAMI FL 33178
DT	DEROSSET, JAMES B	14220 S.W. 79TH AVE	MIAMI FL 33158
DS	JONES, JESSE C	7605 SW 125TH STREET	MIAMI FL 33156
D	DE ARMAS, IDALBERTO M	440 SW 29TH ROAD	MIAMI FL 33129
D	FRIBERG, RICHARD E	7655 SW 83 COURT	MIAMI FL 33143

8. Name and Address of Current Registered Agent GRAGG, K L 200 SOUTH BISCAYNE BLVD. SUITE 4900 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, Not Acceptable) City	
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REINSTATEMENT

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: *K. Lawrence Gragg* Date: 11/7/99  
REGISTERED AGENT MUST SIGN

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 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)(l), 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: *K. Lawrence Gragg* Date: 11-12-99 Daytime Phone #: 305 995-5209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: K. LAWRENCE GRAGG

CR2EC040 (8/99)