

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED  00 MAY 16 PM 2:14  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">793000002720</span>					
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		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 06/17/1993  5. FEI Number 65-0433596  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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
DP	MARY M. ADERHOLDT	5170 N.W. 101ST PLACE	MIAMI, FL 33178		
DT	DAVID MCCREA	4821 CAMPO SANO COURT	CORAL GABLES, FL 33146		
DS	JESSE C. JONES	7605 S.W. 125TH STREET	MIAMI, FL 33156		
DV	IDALBERTO M. DEARMAS	440 S.W. 29TH ROAD	MIAMI, FL 33129		
D	RICHARD E. FRIBERG	7655 S.W. 83RD COURT	MIAMI, FL 33143		
D	JAMES B. DEROSSET	14220 S.W. 79TH AVENUE	MIAMI, FL 33158		
8. Name and Address of Current Registered Agent  K.L. GRAGG 200 SOUTH BISCAYNE BOULEVARD SUITE 4900 MAIMI, FL 33131			9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Numbers Not Permitted) _____ Suite, Apt. #, Etc. _____ City _____ State _____ Code _____ ZIP _____		
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 <u><i>K.L. Gragg</i></u> Date <u>5/5/2000</u> REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), 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: <u><i>Mary M. Aderholdt</i></u>		Date: <u>5/5/2000</u>		Daytime Phone #: <u>305-500-4259</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARY M. ADERHOLDT					

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