

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003406

1. Corporation Name

First United Methodist Church of Hawthorne, Inc

2. Principal Office Address

21930 SE 67th Place

Suite, Apt. #, etc.

City & State

Hawthorne, Fl

Zip
32640

Country
USA

3. Mailing Office Address

PO Box 458

Suite, Apt. #, etc.

City & State

Hawthorne, Fl

Zip
32640

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/21/1993

5. FEI Number

59-3208249

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

FILED
06 MAY 12 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100075548181
05/31/06--01010--025 **367.50

7. Name and Address of Current Registered Agent

Name

Robert Marrocco

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

6932 SE 222nd St

Suite, Apt. #, Etc.

City

Hawthorne

State
FL

Zip Code
32640

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

Robert Marrocco

REGISTERED AGENT MUST SIGN

Date **May 11, 2006**

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
P	Louise W. Largen	14224 SE 201 Terr.	Hawthorne, Fl 32640
V	Henry D. Gross	9326 Holden Park Rd.	Hawthorne, Fl 32640
D	Myrna L. Dayton	14122 SE 201st St.	Hawthorne, Fl 32640
D	Lynda T. Ferri	1110 NE 158th Terr.	Gainesville, Fl 32641
D	Davis Henderson	20223 SE 141st Pl.	Hawthorne, Fl 32640
D	Jeanne Brockman	5818 SE 230 Terr.	Hawthorne, Fl 32640

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 contained in Chapter 119, 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: *Myrna L. Dayton* Myrna L. Dayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2006 352-481-4860
Date Daytime Phone #