

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

DOCUMENT # N94000001922

1. Corporation Name

MILLER STREET CHURCH OF CHRIST, INC.

00 NOV 15 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1211 MILLER ST
ORANGE PARK FL 32073

1211 MILLER STREET
ORANGE PARK FL 32073



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

04/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

6.

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LONG, HAROLD A	5558 CABOT DR N.	JACKSONVILLE FL 32244
D	SQUIRE, ERNEST Squire, Ernesto R Sr.	2330 EGREMONT DRIVE	ORANGE PARK FL 32073
T	JACKSON, LLOYD A	5911 VOLVO ST W	JACKSONVILLE FL
S	SMITH, EUGENE	1037 MILLER STREET	ORANGE PARK FL 32073
D	WILLIAMS, ANTHONY	3719 GUANA PARK CT 5719 Guana Park Ct.	JACKSONVILLE FL 32044
			6000003488066--0 -12/05/00--01092--027 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

SQUIRE, ERNEST
1211 MILLER ST.
ORANGE PARK FL 32067-0298

REINSTATEMENT

9. Name and Address of New Registered Agent

Ernesto Renato SQUIRE SR

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

2330 Egremont DR

Suite, Apt. #, Etc.

City
Orange Park

State
FL

Zip Code
32073

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

Ernesto Renato SQUIRE SR

REGISTERED AGENT MUST SIGN

Date

11/11/00

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)(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:

Ernesto Renato SQUIRE SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/00 (904) 264-0763

Daytime Phone #