

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # (N 94-1922)

1. Corporation Name

Miller Street Church of Christ

2. Principal Office Address

1211 Miller Street

Suite, Apt. #, etc.

3. Mailing Office Address

2330 Egremont DR.

Suite, Apt. #, etc.

City & State

Orange Park, FL.

City & State

Orange Park, FL

Zip

32073

Country

U.S

Zip

32073

Country

U.S

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 1994

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900006856459--1
-08/01/02--01051--035
*****70.00 *****70.00

7. Name and Address of Current Registered Agent

Name

Ernesto R. Squire Sr.

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

2330 Egremont DR.

Suite, Apt. #, Etc.

City

Orange Park, Florida

State
FL

Zip Code
32073

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

Ernesto R. Squire Sr.
REGISTERED AGENT MUST SIGN

Date

6/18/02

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
SR. minister	Ernesto R. Squire Sr.	2330 Egremont DR	Orange Park, FL.
Asst. minister	Anthony J. Williams	5719 Guana Park Ct.	Jacksonville, FL.
Treasurer	Eugene Smith	1039 Miller Street	Orange Park, FL.
Treasurer	Harold Long	5558 Cabot DR. N	Jacksonville, FL.

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 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

Ernesto R. Squire Sr.

Date

6/18/02

Daytime Phone #

(904) 264-0763

js 7/30/02

CR2E081 (9/01)

FLORIDA DEPARTMENT OF THE STATE
NOTICE OF
ADMINISTRATIVE DISSOLUTION
OR REVOCATION

TO: Mr. Tyrone Scott,

The Miller Street administrators received a notice of administrative dissolution or revocation from the "Division of Corporations" stating we still owed \$61.25. So, the leadership submitted a second \$61.25, to avoid our corporation being revoked, but we never heard anything from it. We would like all late fees waived in terms of the \$175.00 re-instatement fee and re-instatement status from our record.

We had noticed from our records, the initial \$61.25 was sent, and later discovered, the check had been cashed. We sent a follow-up check of \$61.25, which we have not heard from.

Please call me at (904) 266-1200 or fax me at (904) 266-1220, your cooperation and help in this matter will be greatly appreciated.

Home phone (904) 264-0763

Yours Truly


Mr. Ernesto Squire, Minister