

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 30 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001922

1. Corporation Name

MILLER STREET CHURCH OF CHRIST, INC.

Principal Place of Business

1211 MILLER ST  
ORANGE PARK FL 32073

Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 07-04

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/1994

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
T	LONG, HAROLD A	5558 CABOT DR N	JACKSONVILLE FL 32244
DSRM	SQUIRE, ERNESTO R SR.	2330 EGREMONT DRIVE	ORANGE PARK FL 32073
T	SMITH, EUGENE	1037 MILLER STREET	ORANGE PARK FL 32073
TAP	WILLIAMS, ANTHONY <i>This name should be deleted</i>	5719 GUANA PARK CT	JACKSONVILLE FL 32044
			100030499871 03/16/04--01004--014 **236.25
			100030499871 03/31/04--01070--005 **69.50

8. Name and Address of Current Registered Agent

SQUIRE, ERNESTO R SR.  
2330 EGREMONT DR.  
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Ernesto R. Squire SR.*  
REGISTERED AGENT MUST SIGN

Date

3/13/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/04

Daytime Phone #

CR2E040 (7/03)