

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002237

1. Corporation Name

East Spring Hill Congregation
of Jehovah's Witnesses, Inc.

2. Principal Office Address - No P.O. Box #

7040 Smithfield Av

Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip

34609

Country

USA

3. Mailing Office Address

5145 Bone Ln

Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip

34604

Country

USA

7. Name and Address of Current Registered Agent

Name

Philip Andrew Erwin

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

3307 Josef Av

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34609-7981

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

Philip Andrew Erwin

REGISTERED AGENT MUST SIGN

Date February 25, 2007

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/D	Thomas N. Cook	5145 Bone Ln	Spring Hill FL 34604
S/D	William C. Huntress	7118 California St	Spring Hill FL 34604
V/D	Alfred Scorzelli	10548 Marysville St	Spring Hill FL 34608
T/D	David Segur	5402 Drew St	Spring Hill FL 34604

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:

Thomas N. Cook

Thomas N. Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-07

Date

(352)796-5155

Daytime Phone #

FILED

07 MAR -5 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700092218817
03/12/07--01006--029 **315.00

REINSTATEMENT 03-07
CR2E081 (1/07)

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

05/02/1994

5. FEI Number

592375985

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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