

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 11 AM 11:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000003104

1. Corporation Name

CAROL CITY CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

16900 N.W. 22nd Avenue
Carol City, FL 33056

same

REINSTATEMENT

95-97

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

6/20/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

XX 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	F.O. WHITE	2900 N.W. 185th Street	Carol City, FL 33056
D	GLENN PHILLIPS	19060 N.W. 78th Ave.	Miami, FL 33015
D	WALTER L. WHITE	1488 N.W. 101st Street	Miami, FL 33147
D	ARNOLD WALKER	1470 N.W. 137th Street	Miami, FL 33167
D	DONALD JACKSON	18535 N.W. 23rd Avenue	Miami, FL 33056
D	WILLIE ROBINSON	17531 N.W. 49th Avenue	Miami, FL 33055

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

F.O. WHITE 16900 N.W. 22nd Avenue Carol City, FL 33056	Name same Street Address (P.O. Box Number is Not Acceptable) 500002291615--4 Suite, Apt. #, Etc. 09/12/97-01069-001 ****368.75 ****368.75 City State FL Zip Code
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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

F.O. White
F.O. WHITE

REGISTERED AGENT MUST SIGN

Date

9/3/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

F.O. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
F.O. WHITE

9/3/97

(305) 624-4874
Daytime Phone #