

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

98 JAN -2 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000960

1. Corporation Name

CHURCH OF CHRIST-APOSTOLIC (NONDENOMINATIONAL),  
INC.

Principal Place of Business

16174 N.W. 27TH AVE.  
MIAMI FL 33055

Mailing Address

16174 N.W. 27TH AVE.  
MIAMI FL 33055

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

4. Date Incorporated or Qualified  
To Do Business In Florida

02/21/1995

5. FEI Number

65-0571277

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HUNT, DERYL G	20120 NW 13 CT.	MIAMI FL
D	CARTER, DUDLEY	5021 NW 181 TERR.	MIAMI FL
D	ROUNDTREE, JOHN	1920 NW 131	MIAMI FL
D	RITCHEY, DAVID	8219 NW 12 CT.	MNAMI FL
D	MUNROE, ALEXANDER	6300 SW 34 ST.	HOLLYWOOD FL
D	ELLISON, THOMAS	4301 MADISON AVE.	HOLLYWOOD FL

8. Name and Address of Current Registered Agent

RITCHEY, DAVID L  
8219 N.W. 12TH COURT  
MIAMI FL 33147

9. Name and Address of New Registered Agent

Name

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

300002393179---4

Suite, Apt. #, Etc.

-01/07/98 - 01094--022

City

\*\*\*\*236.25 \*\*\*\*236.25

State

Zip Code

FL

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

*David Ritchey*

REGISTERED AG NT MUST SIGN

Date

Dec. 30, 1997

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*David Ritchey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/97 (305) 876-7306

Date

Daytime Phone #

CR2ED40 (8/97)