

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000003300

1. Corporation Name

MIRACLE TEMPLE OUTREACH SERVICE CENTER, INC.

Principal Place of Business

2101 SOUTHWEST 57TH AVENUE
HOLLYWOOD HILLS FL 33023

Mailing Address

2101 SOUTHWEST 57TH AVENUE
HOLLYWOOD HILLS FL 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1995

5. FEI Number

57-0845972

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
PD	BENNETT, BESSIE	180 NW 72 AVE	PLANTATION FL
V/D	BENNETT, MOSE J	180 NW 72 AVE	PLANTATION FL
T/D	BUTTERFIELD, STEPHEN	3251 NW 171 STREET	MIAMI FL
SD	PETERSON, THERESA	5301 SW 8TH ST	PLANTATION FL

REINSTATEMENT 99 17S
200003070222-9
-12/22/99-01073-019
***236.25 ***236.25

8. Name and Address of Current Registered Agent

BENNETT, BESSIE REV.
2101 SOUTHWEST 57TH AVENUE
HOLLYWOOD HILLS FL 33023

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.

Signature of
Registered Agent

Bessie Bennett
REGISTERED AGENT MUST SIGN

Date

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:

Bessie Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 DEC 10 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CP22040 (8/99)