

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

99 JAN 22 PM 3: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000005036**

1. Corporation Name

**FLORIDA CROSS-ROADS COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

~~8325 SW 119 STREET~~  
~~MIAMI FL 33156~~

~~8325 SW 119 STREET~~  
~~MIAMI FL 33156~~

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

2. New Principal Office Address, If Applicable

13221 SW 131 ST.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33186

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/04/1997

5. FEI Number

65-0779338

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	SWISHER, JOHN	<del>2325 SW 119TH STREET</del> <u>17750 SW 139 CT.</u>	<del>MIAMI FL 33156</del> <u>Miami, FL 33177</u>
D	GALLIFORD, WILLIAM	10331 SW 44TH STREET	MIAMI FL 33165
D	AVESANI, OTAVIO	10341 SW 127 STREET	MIAMI FL 33176
D	MAYRINCK, MOACYR	13924 SW 174 TERRACE	MIAMI FL 33177
D	PIERECK, CLAUDIO	<del>12765 SW 67 COURT</del> <u>8204 SW 178 Ter.</u>	<del>MIAMI FL 33156</del> <u>Miami, FL 33157</u>
			<u>500002756575-8</u> <u>-01/27/98--01072--004</u> <u>****297.50 ****297.50</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWISHER, JOHN  
~~8325 SW 119 STREET~~  
~~MIAMI FL 33156~~  
17750 SW 139 CT.  
Miami, FL 33177

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/18/99

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 305-238-4100

CR2E040 (9/98)