PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -7 PM 4:00

DOCUMENT # N97000005863

1. Corporation Name

SOUTHWEST CHURCH OF CHRIST OF MIAMI, INC.

00-01

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
11739 North Boulevard	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State
Zip: 33612 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/16/1997

5. FEI Number: 59-1026318 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C Loyce JACKSON

Street Address (P.O. Box Number is Not Acceptable): 11739 North Boulevard

Suite, Apt. #, Etc.:

400004741074--7
-12/27/01--01035--020
****297.50 ****297.50

City: Tampa State: FL Zip Code: 33612

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: Cloyce Jackson (REGISTERED AGENT MUST SIGN) Date: 11-29-01

CR2E081 (9/00)

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
Pres.	David Scott	11204 S.W. 132 Ct. Way	Miami, FL. 33186
Sec/Treas.	C Loyce JACKSON	11739 North Boulevard	Tampa, FL 33612
Bd mem	HAROLD N. Curry	9022 N.E. 8th Ave	Miami Shores, FL 33138
Bd mem	Alfred Reinhardt	6001 Litchfield Road	Tallahassee, FL 32312
Bd mem	Jimmy CRAVENS	306 Hamiller Ave.	Tampa, FL 33612

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 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.

AD

SIGNATURE: Cloyce Jackson Cloyce JACKSON 11-29-01 813-931-7790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #