

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 MAR -7 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

N97000005863  
Southwest Church of Christ of Miami, Inc.

**2. Principal Office Address**

9010 SW 186 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

**3. Mailing Office Address**

9010 SW 186 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

**REINSTATEMENT**

04-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

October 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

David A. Scott

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

9010 SW 186 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

000048399810

03/15/05--01009--013 \*\*297 50

**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

*David A. Scott*  
REGISTERED AGENT MUST SIGN

Date February 1, 2005

**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
P/D	David A. Scott	9010 SW 186 Terrace	Miami, FL 33157
S/D	Jerry Brewster	13909 Chandron Drive	Odessa, FL 33556
T/D	Harold Curry	10023 Florida Boys Ranch Road	Clermont, FL 34711

**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)(l), 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 A. Scott*

David A. Scott

February 1, 2005 (305) 284-3021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)