

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 29 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03



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04/29/03--01028--010 ***297.50

DOCUMENT # N99000001755

1. Corporation Name

UNITED CHRISTIAN FELLOWSHIP ASSOCIATION INC.

Principal Place of Business

Mailing Address

765 NW 54TH STREET
MIAMI FL 33127

970 NE 177TH STREET
MIAMI FL 33162

765 NW 54 STREET
MIAMI FL 33127

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

MIAMI - FL

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1999

5. FEI Number

65-1021094

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WOODSIDE, BERNARD	970 NE 177 STREET	MIAMI FL 33162
D	WOODSIDE, ELEANOR	970 NE 177TH STREET	MIAMI FL 33162
S	NELSON, EDNA	645 NW 49 STREET	MIAMI FL 33127
T	DEACON, MICHEL	8418 NW 24 AVE	MIAMI FL 33147

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOODSIDE, ELEANOR L
970 NE 177TH STREET
MIAMI FL 33162

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. or 617.0505, F.S.

Signature of
Registered Agent

Eleanor Woodside REQUIRED

REGISTERED AGENT MUST SIGN

Date 4/15/03

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:

Bernard Woodside BERNARD WOODSIDE

Date

Daytime Phone #

(305) 4/15/03 655-3597