

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 FEB 18 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000051109

1. Corporation Name
Miramar Church of Christ
Community Outreach Corporation

100195181731
02/21/11--01004--002 **500.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
435 State Road 7

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miramar, FL 33023

City & State

Zip
33023 Country
U.S.A

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number 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
Vanroy Anthony

Street Address (P.O. Box Number is Not Acceptable)
435 State Road 7

Suite, Apt. #, Etc.

City
Miramar, FL State
FL Zip Code
33023

100195181731
02/21/11--01004--003 **400.00

REINSTATEMENT

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 Vanroy Anthony Date 2/18/11
REGISTERED AGENT MUST SIGN

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	Vanroy Anthony	6300 Miramar Pkwy #3	Miramar, FL 33023
VP	Senetta Carter	7788 Embassy Blvd	Miramar, FL 33023
D	Glenn M. Carter	435 Stater Rd. 7	Miramar, FL 33023

EXAMINER
JAN 18 2011

10. E-mail Address: SenettaCar@aol.com
(To be used for future annual report notification)

S. HAWKES

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.
SIGNATURE: Senetta Carter Date 2/18/11 Daytime Phone # 786-236-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR