

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716630

1. Corporation Name

WELCOME BAPTIST CHURCH, INC.

Principal Place of Business

3480 N.E. 3RD AVENUE
OAKLAND PARK FL 33334

Mailing Address

3480 N.E. 3RD AVENUE
OAKLAND PARK FL 33334

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

05/27/1969

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALLEN, JAMES E.	1320 N.W. 84TH TERRACE	MIAMI FL
VD	COVIN, EARNEST	693 N.W. 20TH COURT	POMPANO BEACH FL
SD	BROOKS, ANGENELL P	490 SW 29 AVE	FORT LAUDERDALE FL 33312
D	COVIN, WILLIE D.	2680 N.W. 21ST STREET	FT. LAUDERDALE FL
FS	JENNINS, MAMIE Tola D. Glenn	1791 NW 36TH TERR 3871 N.W. 5th Ct.	FORT LAUDERDALE FL 3311 Fort lauderdale Fl 33311

8. Name and Address of Current Registered Agent

BROOKS, ANGENELL P
490 SW 29TH AVENUE
FORT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable) 41666

Suite, Apt. #, Etc. 11/12/02--01118--015 **236.25

City

State
FL

Zip Code

CR2E040 (8/02)

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

Angenell Brooks
REGISTERED AGENT MUST SIGN

Date

10/27/02

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:

Angenell Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/02

954-564-4793