PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 21 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004744

1. Corporation Name
Calvary Chapel in Coral Springs, Inc.

REINSTATEMENT 03-05

2. Principal Office Address		**3.** Mailing Office Address	
7400 Wiles Road		7400 Wiles Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 105		Suite 105	
City & State		City & State	
Coral Springs, FL		Coral Springs, FL	
Zip	Country	Zip	Country
33067	USA	33067	USA

4. Date Incorporated or Qualified To Do Business in Florida 7/19/2000

5. FEI Number 651024813 — 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
Flores, Gustavo E.

Street Address (P.O. Box Number is Not Acceptable)
7560 Parkside Place

Suite, Apt. #, Etc.

City	State	Zip Code
Margate	FL	33063

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 _____ Date 7/12/2005
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
DP	Flores, Gustavo E.	7560 Parkside Place	Margate, FL 33063
DT	Ruel, Joseph	5221 Rosen Blvd.	Boynton Beach, FL 33437
DS	Arguelles, Orlando	7102 NW 67 Street	Tamarac,FL 33321

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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.

SIGNATURE: _____ 7/12/2005 954 227 9339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CALVARY CHAPEL
in Coral Springs

7400 Wiles Road, Suite 105
Coral Springs, FL 33065
tel 954.227.9339 • fax 954.977.4062

ministryemail@aol.com

July12, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We would like to request a waiver of the reinstatement fee of $175.00 due to the fact that we did not receive the renewal form.

We thank you for your cooperation.

Sincerely,

Gustavo Flores
President
Calvary Chapel in Coral Springs, Inc.