

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000004974**

1. Corporation Name

CALVARY CHAPEL CHRISTIAN FELLOWSHIP OF MIAMI LAKES, INC.

Principal Place of Business

~~6711 MAIN STREET
MIAMI LAKES FL 33014~~

Mailing Address

~~6711 MAIN STREET
MIAMI LAKES FL 33014~~



REINSTATEMENT 03

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

2. Former Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/31/2000

5. FEI Number

65-1027963

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Calvary Chapel Miami Lakes
15305 NW 60th Ave Suite 100
Miami Lakes, FL 33014

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15305 NW 60th Ave Suite 100
Miami Lakes, FL 33014

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
SD	MIMS, CARLS	2401 W CYPRSS CREEK ROAD	FORT LAUDERDALE FL 33309
TD	VASQUEZ, RAZZ	6700 S.W. 38TH ST	MIAMI FL 33155
D	LYON, KELLY	2401 W CYPRESS CREEK RD	FORT LAUDERDALE FL 33309
PD	FRANQUIZ, ROBERT	6700 S.W. 38TH ST	MIAMI FL 33155
D	DAVIDSON, TIMOTHY	3329 NW 55TH ST	FORT LAUDERDALE FL 33309
D	FLOURDA, DAN	12925 159 CT NORTH	JUPITER FL

8. Name and Address of Current Registered Agent

FRANQUIZ, ROBERT
6700 SW 38TH STREET
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

600023869226
10/17/03 01018 003 #61.25
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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

(305) 822-7000

CR2E040 (7/03)



October 13, 2003

To whom it may concern:

Attached is our Application for Reinstatement and payment (check # 2408 in the amount of \$61.25) for our 2003 corporation annual report. We request that you would waive the reinstatement fee as we never received your first or second notice.

All future correspondence to us should be mailed to:

15305 NW 60th Avenue
Suite 100
Miami Lakes, FL 33014

Thank you for your assistance in this matter.

Sincerely,

Robert Franquiz
President

"Transforming Lives with God's Truth"