

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000007783

1. Corporation Name

FIRST UNITED CHURCH OF JESUS CHRIST (APOSTOLIC) OF FT. LAUDERDALE, INC.

2. Principal Office Address - No P.O. Box #

3668 Davie Blvd

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip
33312

Country
US

3. Mailing Office Address

P.O. Box 590008

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip
33359

Country
US

7. Name and Address of Current Registered Agent

Name

Izett R. Scott

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

2915 NW 87th Terrace

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

REGISTERED AGENT MUST SIGN

Date

8/31/07

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/C	Izett R. Scott	2915 NW 87th Terrace	Coral Springs, FL 33065
S	Norma Watkins	4701 NW 42nd Street	Lauderdale Lakes, FL 33319
T	Melvina Bennett	761 NW 45th Avenue	Plantation, FL 33317
D	Ivorie Richards	4104 Inverrary Blvd.	Lauderhill, FL 33319
REINSTATEMENT 02-07 09/08/07 000109129050 09/08/07--01016--005 **\$51.75			

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 contained in Chapter 119, 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Izett R. Scott, President

Date

9/15/07

Daytime Phone #

FILED

07 SEP 19 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

02-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/22/2000

5. FEI Number

65-1052753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.