

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 Annual Report FILED  
95 OCT 1 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004263

1. Corporation Name  
THREE DIMENSIONS AFRICAN BAPTIST FELLOWSHIP, IN C.

Principal Place of Business  
2506 FUNSTON STREET  
HOLLYWOOD FL 33020

Mailing Address  
2506 FUNSTON STREET  
HOLLYWOOD FL 33020



200001977012--0  
-10/16/96--01061--008  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. NA		Suite, Apt. #, etc. NA		09/01/1995	
City & State		City & State		5. FEI Number	
Zip		Country		NOT RECEIVED YET <input checked="" type="checkbox"/> Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
"D"	OLOFIN, ABIODUN J	2506 FUNSTON STREET	HOLLYWOOD FL 33020
"D"	Funkola Olofin	2506 FUNSTON STREET	HOLLYWOOD FL 33020
"D"	Bukky Jno Hope	2045 E. Bay Drive #224, Largo	FL 33771

8. Name and Address of Current Registered Agent

OLOFIN, ABIODUN J  
2506 FUNSTON STREET  
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name	NA	
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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 (Abiodun J. Olofin)

Date 9/18/96  
Daytime Phone # 954-456-9434

CP2E040 (7/96)