

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 AM 10:15

DOCUMENT # N99000006527

1. Corporation Name

ACTS 2 FELLOWSHIP CHURCH OF FT. LAUDERDALE, INC

Principal Place of Business

3140 NE 65 DRIVE
FT LAUDERDALE FL 33309

Mailing Address

3140 NE 65 DRIVE
FT LAUDERDALE FL 33309



REINSTATEMENT 00

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1999

5. FEI Number

65-0961678

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
P	Pastor Garry Capita	3140 NW 65 Dr.	Ft. Land, FL 33309
D	Gus Ellis	1216 SE 6th St.	Ft. Land, FL 33301
S/T	Harriet Capita	3140 NW 65 Dr.	Ft. Land, FL 33309
D	Maurico Cardona	7710 NW 34 St.	Hollywood, FL 33024
D	Steven Ebanks	7964 SW 6th St.	N. Lauderdale, 33301

8. Name and Address of Current Registered Agent

CAPITA, HARRIET
3140 NE 65 DRIVE
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800003460028--0

-11/13/00--01003--024

****236.25 State ****236.25

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

Harriet Capita

REGISTERED AGENT MUST SIGN

Date 10/19/00

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:

Pastor Garry Capita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pastor Garry Capita

(954) 979-

Date

Daytime Phone #

CR2E040 (8/00)