

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **701187**

1. Corporation Name

PACE BAPTIST CHURCH OF WEST HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

3751 N.W. 94TH AVE.
HOLLYWOOD FL 21225
US

3751 N.W. 94TH AVE.
HOLLYWOOD FL 21228
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1960

5. FEI Number

59-2718173

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	JOHNSON, EARL III	3761 NW 94TH AVE.	HOLLYWOOD FL 33024
D	MC FARLANE, RAYMOND	6641 PETERS RD	PLANTATION FL 33317
D	HOLTZ, BUTCH	4868 SW 103 AVE	COOPER CITY FL
D	JOHNSON, ANNITA	3751 NW 94 AVE.	HOLLYWOOD FL 33024
			100003103031--4 -01/19/00--01079--004 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, EARL III
3751 N.W. 94TH AVE.
HOLLYWOOD FL 33024

Name

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

Annita Johnson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Dec 1, 1999

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:

Annita Johnson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 1, 1999
Date

Daytime Phone #

CR2E040 (8/99)