

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 18 AM 11:40

FILED
TALL
HALL
FLORIDA

DOCUMENT # 703307

1. Corporation Name

THE PALM BIBLE CHAPEL INCORPORATED OF NORTH PALM
BEACH, FLORIDA

2. Principal Office Address

5410 Hood Road

3. Mailing Office Address

10107 Hunt Club Road

REINSTATEMENT

05-05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

12/11/61

5. FEI Number

592659730

Applied For

Not Applicable

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

Palm Beach

Zip

33418

Country

Palm Beach

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steve Rasmussen

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Dixie Hwy.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

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

Date 04-15-05

REGISTERED AGENT MUST SIGN

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
PD	David Loveland	9174 Valley Oak Place	Jupiter, FL
VDS	Steve Rasmussen	2901 Caffia Way	West Palm Beach, FL
D	Herman Johnson	8478 Demascus Road	Lake Park, FL

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05/08/05--01008--012 **358.75

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 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:

Steve Rasmussen, Vice Pre

04-15-05

Date

561 659-5599

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)

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