	PLEASE READ	ALL INSTRUCTIONS	BEFORE CO	OMPLETINGITHIS	FORM.	
	APPLICATION APPLICATION	FLORIDA DEPARTMEN		APPROVED AND		•
	FOR 00	Sandra B. Mor Secretary of S		FILED		
	REINSTATEMENT	DIVISION OF CORPO	DATIONS	can ara an late to	e. 15	
	DOCUMENT # 70501		797 DEC 23 19 3:	N _t †		
				CECRETARY OF STA	i E.	
	1. Corporation Name FIRST BAPTIST CHURCH OF RIVIETA BEACH			MELAHASSEE, FLOR	10A +	
	of Kiviera Deach					
	Principal Place of Business Mailing Address					
	135 W. 12 ST.	450W,	3457.			
	133 14 12 01	Riviera	Beach, Fo			
	Riviera Brack, FL	, ,,,,	33404			
	If above addresses are incorrect in any way, line through incorrect information and enter correction below New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					. 1
			Арріісавіе	 Date Incorporated or Qualific To Do Business in Florida 	iQ.	
	Suite, Apt. #, etc.			5. FEI Number	Applied F	or
	City & State	City & State		650454	764 Not Appli	cable
	Zip Country	Zip Countr	у	 CERTIFICATE OF STATUS DES 	\$8.75 Additional Fee re	
	7. Names and Street Addresses of Each Officer and/		l ations must list at least	t 3 directors)		
	Title(s) Name of Officers and/or Directors	Str	eet Address of Each ficer and/or Director	,	City / State / Zip	ì
	1 2	3 (Do NOT U	se Post Office Box Nu	imbers) 4	· · · · · · · · · · · · · · · · · · ·	ļ
	President 450 W. 34	con t ST Pinior	Reach	R 33409-12/2	2384058	
•	1351000 730 W 37	'		· · · · · · · · · · · · · · · · · · ·	《名写名:字写:《宋宋本文》(2月28)	75
1	ressurer Konald	DIXON 4	50 W. 3	345T RIVI	eraBeach, A.	33401
					^ -	
>	ecretary Ethel Fai	r 3216	JA	ve KIVIE	ra Beach A	33 W
1	grector Sherry Go	arret 61%	2 334	of ST West	Palm Beach FL	. 33647
1				ı		[
J	Pirector Denice Bi	rookins 3864	Van Cot	+ Cir. Lake	Park, FL 33	403
	8. Name and Address of Current F	 Registered Agent			Registered Ageny	6
į				FINSTATE	ACAIT AND	19 1952
1	Gene DIXE 450 W 30 RIVIEVA B	> <i>(</i> U	Street Address (P.C	D. Box Number is Not Acceptabl	IICIAI (N.	0,00
	450 W 30	4 51	Suite, Apt. #, Etc.			C =2 € 0,
	RIVIEVA B	each, FL	City		State Zip Code	ļ
	10. I, being appointed the registered agent of the about	33404	1 .			
1	6		th and accept the obli	gations of Section 607.0505, F.S		
	Signature of Registered Agent .	GISTE HED AGENT MUST SIGN		Date .	11/1/1997	
ł		· · · · · · · · · · · · · · · · · · ·			·	
	Does this corporation pay a Dept. of Revenue under S.	ny intangible tax to tri 199.032. Florida Statt	e utes. 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 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. 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 is the result of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further 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 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 this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401, F.S. The information is the receiver of the receive						S
	on this application is true and accurate, and my sig	inature shall have the same logal effe	ed as if made under or	rexemption under section 119.0 ath.	૧૭)(i), r.૭. The information indica	ated
	GENE DI	IXON				
	SIGNATURE:	Diston		.11	9 561-844. Dayunic Prione #	-1816
		NTED NAME OF SIGNING OFFICER OR D	IRECTOR	14/4 6/	Daytinie Phone #	