

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 AM 11:25

DOCUMENT # 705594

1. Corporation Name

CALVARY BAPTIST CHURCH, INC. OF PALM BEACH COUNTY

2. Principal Office Address

4900 SUMMIT BOULEVARD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

Country

33415 UNITED STATES

3. Mailing Office Address

4900 SUMMIT BOULEVARD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

Country

33415 UNITED STATES

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REINSTATEMENT

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

SP

5. FEI Number

59-1367588

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SPEER, W. MORGAN

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

1800 AUSTRALIAN AVENUE SOUTH, SUITE

Suite, Apt. #, Etc.

100

City

WEST PALM BEACH,

State

FL

Zip Code

33409

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

W. Morgan Speer

REGISTERED AGENT MUST SIGN

Date SEPTEMBER 26, 2001

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
D	JACK COOK	2638 GATELY DR. EAST, 29	WEST PALM BEACH, FL 33415
D	LARRY ENOCHS	1189 SUNSET ROAD	WEST PALM BEACH, FL 33406
P/D	LAWSON A. WRIGHT	4900 SUMMIT BOULEVARD	WEST PALM BEACH, FL 33415
D	ALLEN SHEARER	1216 DREXEL ROAD	WEST PALM BEACH, FL 33417
D	DALE SHEARER	287 FOREST STATES DRIVE	WEST PALM BEACH, FL 33415
S/D	WILLIAM RYAN	231 LYTTON COURT	WEST PALM BEACH, FL 33405

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:

Lawson A. Wright

LAWSON A. WRIGHT, PRESIDENT

9/26/01

(561) 655-9478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (8/00)