

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 29 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707165

1. Corporation Name **Grace Brethren Church of Fort Lauderdale,
Incorporated**

Principal Place of Business

Mailing Address **(SAME)**

**2850 West Prospect Road
Ft. Lauderdale, Fla. 33309**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-16-64

5. FEI Number

59-0979154

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Ralph Wiley	3706 N.W. 53rd St,	Ft. Lauderdale, FL 33309
D	Larry A. Downs	9471 N.W. 25th St,	Sunrise, FL 33322
D	Rodney B. Robertson	11075 Glenwood Dr,	Coral Springs, FL 33071
D	John V. Navarra	6467 N.W. 22nd St,	Margate, FL 33071
D	Ervin Y. Eaker	651 N.E. 8th Ct,	Pompano Bch., FL 33309
D	Karl Moraski	500 N.W. 28th St,	Wilton Manors, FL 33304

8. Name and Address of Current Registered Agent

**RODGER HORNE
3319 Quail Close
Pompano Beach, FL 33309**

9. Name and Address of New Registered Agent

Name **Robert L. Sader**
Street Address (P.O. Box Number is Not Acceptable)
1901 W. Cypress Creek Rd., #415
Suite, Apt. #, Etc. **3000002420308--9**
City **Fort Lauderdale** State **FL** Zip Code **33304-25**

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

Robert L. Sader
REGISTERED AGENT MUST SIGN

Date **1-27-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney B. Robertson

Date

Daytime Phone #

1/27/98 954 739 5468

CR2E040 (1/98)