

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 12 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **707856**

1. Corporation Name

**FRIENDSHIP BAPTIST CHURCH OF HALLANDALE, FL
INC.**

2. Principal Office Address

620 N.W. 2ND AVE

Suite, Apt. #, etc.

3. Mailing Office Address

620 N.W. 2ND AVE

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

707856000

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

REV. ROBERT INGRAM SR.

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

4540 SW 21 STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33023

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

Rev Robert Ingram Sr.
REGISTERED AGENT MUST SIGN

Date **01-09-05**

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
P	REV. ROBERT INGRAM SR.	4540 SW 21 ST STREET	HOLLYWOOD, FL 33023
S	BETTY THOMPSON	3311 SW 32ND CT	HOLLYWOOD, FL
D	FRANK FIELDS	4635 S.W. 18 TH STREET	HOLLYWOOD, FL 33023
D	AUGUS BATES	2515 SW 44 TH AVE	HOLLYWOOD, FL 33023
D	EDITH ADAMS	607 N.W. 3RD CT	HALLANDALE, FL 33009

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:

Edith Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-05 (954) 801-4425

Date

Daytime Phone #

CP2E081 (01/04)