PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted]LICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 17 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

DOCUMENT # 710302

1. Corporation Name

FIRST BAPTIST CHURCH OF OAKLAND PARK, FLORIDA, INC.

Principal Place of Business	Mailing Address
801 NE 34TH COURT OAKLAND PARK FL 33334	801 NE 34TH COURT OAKLAND PARK FL 33334

500015442415
04/08/03--01001--006 **236.25

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/03/1966

5. FEI Number: 59-1227375 ☐ 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 3	City / State / Zip 4
D	SCHWEIGER, C. GREGORY	59890 NE 21 CIRCLE	FT. LAUDERDALE FL
D	BARCLIFT, BARBARA	671 NE 35 ST.	OAKLAND PARK FL
D	HAMILTON, BILL	4519 NW 47TH TERR	TAMARAC FL 33319

200021622102
07/17/03--01027--014 **297.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GREG SCHWEIGER 5980 NE 21 CIRCLE FT.LAUDERDALE FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

GR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: C. Gregory Schweiger SIGNATURE REQUIRED — Date: 3/5/03
REGISTERED AGENT MUST SIGN

11. 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.

JR 7/17

SIGNATURE: C. Gregory Schweiger SIGNATURE REQUIRED — 3/5/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #