

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL -8- AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 726529

1. Corporation Name

BROWARD PRIMITIVE BAPTIST CHURCH INC

2. Principal Office Address

3441 KENT DRIVE

Suite, Apt. #, etc.

City & State

MELBOURNE FL

Zip

32935

Country

BREVARD

3. Mailing Office Address

3441 KENT DRIVE

Suite, Apt. #, etc.

City & State

MELBOURNE FL

Zip

32935

Country

BREVARD

300021389873

07/08/03--01061--004 \*\*122.50

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/1973

5. FEI Number

59-2383984

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

RICHARD F. WILLIAMS

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

3441 KENT DRIVE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32935-4604

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

Date

7/2/03

REGISTERED AGENT MUST SIGN

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
TD	WILLIAMS, RF	3441 KENT DRIVE	MELBOURNE, FL 32935
SD	WILLIAMS, DAVID	3441 KENT DRIVE	MELBOURNE, FL 32935
PD	CANES, JESSE R	6421 THOMAS STREET	HOLLYWOOD FL 33024

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/2/03

Daytime Phone #

321-259-8168

CR2ED01 (10/02)

7/7/9

July 2, 2003

Florida Department Of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Subject: BROWARD PRIMITIVE BAPTIST CHURCH INC  
Ref: Number 726529

Please find enclosed a check for the amount of \$122.50 for payment of non-profit corporation for 2002 and 2003.

The payment of \$175.00 has been paid for restatement.

Sincerely,

Richard Williams