

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 20 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731525

1. Corporation Name

WESTSIDE PENTECOSTAL CHURCH, INC.

Principal Place of Business

6102 FILLMORE ST.
HOLLYWOOD FL 33024-7934

Mailing Address

6102 FILLMORE ST.
HOLLYWOOD FL 33024-7934

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1974

5. FEI Number

59-1999829

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
DT	DISTEFANO, TAMMY <i>Penelope Groy Beal, PensHetta</i>	8791 N W 15 ST <i>29 BLUEBIRD AV.</i>	PEMBROKE PINES FL 33024 <i>HOLLYWOOD FL 33023</i>
D	BECKFORD, PAMELA	6030 WILEY ST.	HOLLYWOOD FL 33023
VD	HANDY, LELAND R	1921 N W 112 AVE	PEMBROKE PINES FL 33026
P	LOVINS, DOUGLAS R.	18314 NW 12TH ST <i>3908 LYMESTONE DR.</i>	PEMBROKE PINES FL <i>COOPER CITY FL 33026</i>
D	SPARKS, IRENE <i>HUGHES, HERBERT</i>	6532 EATON STREET <i>19220 N.W. 14 ST</i>	HOLLYWOOD FL 33024 <i>PEMBROKE PINES, FL 33029</i>
D	CAMPBELL, ELI	6137 DAWSON ST.	HOLLYWOOD FL 33023

8. Name and Address of Current Registered Agent

LOVINS, DOUGLAS R.
~~18314 NW 12TH ST.~~ *3908 LYMESTONE DR.*
~~PEMBROKE PINES FL 33029~~ *COOPER CITY, FL.*
33026

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

DOUGLAS R. LOVINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-8-02 954-432-2566

CR2E040 (8/02)