## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State division of corporations

DOCUMENT # 731798

1. Cerporation Name

"S" AVENUE CHURCH OF CHRIST OF RIVIERA BEACH, IN

C.'
Principal Place of Business

Mailing Address

2120 AVENUE "S" RIVIERA BEACH FL 33404 2120 AVENUE "S"

RIVIERA BEACH FL 33404

FILED

03 NOY -7 AM 8: 27

SECRETARY-OF STATE TALLAHASSEE, FLORIDA



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			ling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     02/05/1975			
Suite, Apt. #, etc. Suite, Apt.			, etc.		_5EEI:Numbe	Viena	Applied For	
City & State City & Sta			)		FO.1607746		Not Applicable	
Zip	Country			Country		CERTIFICATE OF STATUS DESIRED  S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addresses of Each Officer and	I/or Director (Flo	orida nonprofit co	orporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo		City / State / Zip		
PT			WOOD CORUT NORT	H, #502	ROYAL PALM BEACH FL 33411			
VPT	SMITH, CLINTON	461 W. 32ND STREET			RIVIERA BEACH FL 33404			
ST	NAPIER, JESSIE	1620 W. 33RD STREET			RIVIERA BEACH FL 33404			
π	WEAVER, LARRY	401 W. 33RD ST.			RIVIERA BEACH FL 33404			
ATT	DE GRAFFENREIDT, ANDREW	508 CYPRESS DR.		LAKE PARK FL 33403				
					100024024761 10/22/0301070002 **61.25			
	8. Name and Address of Current	ent	<u> </u>	9. Name and Address of New Registered Agent				
± /			Name					
YOUNG, JONATHAN B				Street Address (	Street Address (P.O. Box Number is Not Acceptable)			
500 CRESTWOOD COURT NORTH, #502				1 1 1	1620 W. 33nd St.			
ROYAL	PALM BEACH FL 33411			Suite, Apt. #, Etc			<del></del>	
				CityRivie	ka Ben	uch Fl		
10. I, being	appointed the registered agent of the ab	ove named corp	oration, am famil					
Signature o		Bil	mon	· ·	10 11/07/ ——	00240247 0301005012 Date <u>18</u>	*61. **175.00 \9\03	
11. I certify	that I am an officer or director or the rece	EGISTERED AC	DENT VIÚSŤ SIG	aN ecute this application as p	provided for in cha	apter 607 or 617, F.S. I furthe	r 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

18/19/03

Daytime Phone i

CR2E040 (7.