

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 # 738026

1. Corporation Name

FAITH LUTHERAN CHURCH OF FORT LAUDERDALE, FLORIDA  
A

Principal Place of Business

Mailing Address

1161 S. W. 30TH AVENUE  
FT. LAUDERDALE FL 33312

1161 S. W. 30TH AVENUE  
FT. LAUDERDALE FL 33312

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

FILED  
03 NOV 18 PM 4: 36  
SECRETARY OF STATE  
REINSTATEMENT 2003  
700024772097  
11/18/03--01004--006 \*\*236.25

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/1977

5. FEI Number

59-6015299

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
TD	WILSON, CAROLYN	2480 SW 81 AVE., APT 104	FT. LAUDERDALE FL
SD	JACEVICH, ELIZABETH	1331 SW 33 TERRACE	FT. LAUDERDALE FL
VD	ROGERS, CHARLES E JR	1051 LONG ISLAND AVE	FT LAUDERDALE FL

8. Name and Address of Current Registered Agent

AHRENS, FRANK  
11943 SW 11TH CT  
DAVIE FL 33325

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

*Frank Ahrens*

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

*Charles E. Rogers Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)