PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 JAN 10 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742083

1. Corporation Name
EVERGREEN MISSIONARY BAPTIST CHURCH OF FORT LAUDERDALE INC

Mailing Address
2851 NW 13 ST
FT. LAUDERDALE FL 33311

Principal Place of Business
(Same)

REINSTATEMENT 01-97
DO NOT WRITE IN THIS SPACE

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

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

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

4. Date Incorporated or Qualified To Do Business In Florida
1/10/97

5. FEI Number
650267473
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $9.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	VERNAL THOMAS	3390 NW 7 ST	FT. LAUDERDALE FL 33311
SD	JOYCE DUNLAP	5921 WASHINGTON ST #118	HOLLYWOOD FL 33023
D	JAMES LEWIS	2851 NW 13 ST	FT. LAUDERDALE FL 33311
D	HENRY LEWIS	2851 NW 13 ST	FT. LAUDERDALE FL 33311
D	WILLIAM RAMSEY	2359 NW 111 AV	SUNRISE FL 33322

8. Name and Address of Current Registered Agent
JOYCE DUNLAP
5921 WASHINGTON ST #118
HOLLYWOOD, FL 33023

9. Name and Address of New Registered Agent
Name 400002059334--5
-01/15/97--01081--008
Street Address (P.O. Box Number is Not Acceptable) ****306.25 ****306.25
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.

Signature of Registered Agent Joyce Dunlap Date 1/8/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Joyce Dunlap 1/8/97 (954) 981-1619
SIGNATURE OF OFFICER OR DIRECTOR Date Daytime Phone #