

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP -3 AM 11:22

DOCUMENT # 742083

1. Corporation Name

EVERGREEN MISSIONARY BAPTIST
CHURCH (OF FORT LAUDERDALE)

2. Principal Office Address

2851 NW 13 ST

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

Zip

33311

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/23/78

5. FEI Number

65-0267473

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

Joyce Dunlap

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

2851 NW 13 ST

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33311

REINSTATEMENT 99-03

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

Joyce Dunlap

REGISTERED AGENT MUST SIGN

Date

9/3/03

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
PD	VERNAL THOMAS	3390 NW 7 ST	FT LAUDERDALE FL 33311
SD	JOYCE DUNLAP	2831 E SUNRISE LAKES DR	SUNRISE FL 33322
D	WILLIAM RAMSEY	1060 SW 75 AVE	PLANTATION FL 33317
D	HENRY LEWIS	2851 NW 13 ST	FT LAUDERDALE FL 33311

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:

Joyce Dunlap

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/3/03 954 742 0096

Daytime Phone #

CR2E081 (10/02)