

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -7 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742109

1. Corporation Name

THE SPIRITUAL ASSEMBLY OF THE
BAHA'IS OF HOLLYWOOD, FLORIDA, INC

2. Principal Office Address

2720 DEWEY ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

U.S.A

3. Mailing Office Address

2720 DEWEY ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

U.S.A

700076429487

06/21/06--01017--010 **1041.75

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1990

5. FEI Number

65-0197051

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

SYLVESTER BRAITHWAITE M.D

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

3101 S. OCEAN DRIVE

Suite, Apt. #, Etc.

2201

City

HOLLYWOOD

State

FL

Zip Code

33019

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

RA Braithwaite

Date 4/11/06

REGISTERED AGENT MUST SIGN

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
C	MRS. MELODY REBHOLZ	825 S. 24TH AVE	HOLLYWOOD, FL 33020
VE	DR. SYLVESTER BRAITHWAITE	3101 S. OCEAN DR #2201	HOLLYWOOD, FL 33019
S	MRS. CARLA BRAITHWAITE	3101 S. OCEAN DR #2201	HOLLYWOOD, FL 33019
T	MRS. DIANE RENNA	4330 HILLCREST DR. #815	HOLLYWOOD, FL 33021
S	MS. PEGGY OSEOLA	6561 JAMES E BILLE DR. #2	HOLLYWOOD FL. 2996
D	MS. ARLING PFEILSTICKER	2720 DEWEY ST	HOLLYWOOD, FL. 33020

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 contained in Chapter 119, 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:

RA Braithwaite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/06

Date

954-347-0070

Daytime Phone #