

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 11 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747233

1. Corporation Name

Alpha Baptist Church, Inc.

2. Principal Office Address

5235 SW 82nd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

6301 Fillmore Street

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Hollywood, Florida

Zip

33328-5201

Country

USA

Zip

33024

Country

USA

REINSTATEMENT 01-03

100022206621

08/11/03--01021--014 **367.50

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

05-17-1979

5. FEI Number

592368121

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

Ralph E. Button

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

1801 N.W. 98th Avenue

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

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

Date August 7, 2003

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
S/D	Timothy Waggoner	1141 NW 78th Avenue	Pembroke Pines, FL 33024
P/D	Ralph E. Button	1801 NW 98th Avenue	Pembroke Pines, FL 33024
D/T	James F. Snider	3081 SW 54th Avenue	Ft. Lauderdale, FL 33314
D	Charles Kiser	3299 SW 50th Road	Ft. Lauderdale, FL 33314

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-2003

Date

954-965-1689

Daytime Phone #

CR2E081 (10/02)