PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 21 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748064

1. Corporation Name
CALVARY BAPTIST CHURCH OF PORT ST. LUCIE, FLORIDA INC.

Principal Place of Business
301 S.W. WEST VIRGINIA DR
PORT ST. LUCIE, FLORIDA 34983

Mailing Address

REINSTATEMENT ~~$0.00~~

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

2. New Principal Office Address, If Applicable
1434 S.W. BROADVIEW ST
Suite, Apt. #, etc.
City & State
PORT ST. LUCIE, FLORIDA
Zip 34983 Country USA

3. New Mailing Office Address, If Applicable
1434 S.W. BROADVIEW ST
Suite, Apt. #, etc.
City & State
PORT ST. LUCIE, FLORIDA
Zip 34983 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 7-12-79

5. FEI Number
FJ 59-2830561
☐ 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)

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
P	HERBERT F. PRESTON	1434 S.W. BROADVIEW ST	PORT ST. LUCIE, FL 34983
D	DORIS M. PRESTON	1434 S.W. BROADVIEW ST	PORT ST. LUCIE, FL 34983
D	BOYCE COLLINS	373 S.E. TITORNHILL DR	PORT ST. LUCIE, FL 34983
D	DON MC DONALD	903 JACKSON WAY	FT. PIERCE, FL 34949
D	DORRAN RUSSELL	1862 W. MIDWAY RD	FT. PIERCE, FL 49843

100038143491
06/21/04--01095--012 **800.00

8. Name and Address of Current Registered Agent
HERBERT F. PRESTON
1434 S.W. BROADVIEW ST.
PORT ST. LUCIE, FLORIDA 34983

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.

Signature of Registered Agent Herbert F. Preston Date 6-17-04

REGISTERED AGENT MUST SIGN

11. 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.)

12. 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.

HERBERT F. PRESTON Herbert F. Preston 6-17-04 772-340-0260