

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 23 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755979**

1. Corporation Name

Crossroads of Life Church, Inc.

2. Principal Office Address

2401 W. Cypress Creek Rd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

1-20-81

5. FEI Number

N/A

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

MARK T. DAVIS

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

2401 W. Cypress Creek Rd

Suite, Apt. #, Etc.

City

Ft. Lauderdale, FL

State
FL

Zip Code

33309

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

Mark T. Davis

REGISTERED AGENT MUST SIGN

Date **2-19-01**

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	MARK T. DAVIS	2401 W. Cypress Creek Rd.	Ft. Lauderdale, FL 33309
VD	ROBERT J. COY	2401 W. Cypress Creek Rd	Ft. Lauderdale, FL 33309
SD	TIM DAVIDSON	2401 W. Cypress Creek Rd	Ft. Lauderdale, FL 33309

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:

Mark T. Davis

MARK T. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01

Date

954-966-9673

Daytime Phone #

CR2E081 (9/00)