

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -2 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 7636001

1. Corporation Name

Lauderdale Manors Baptist Church Trustees
WD1000024467
Lauderdale Manors Baptist Church

2. Principal Office Address

1122 NW 9th Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

1122 NW 9th Ave.
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL. Fort Lauderdale, FL.

Zip

33311

Country

U.S.

Zip

33311

Country

U.S.

REINSTATEMENT

99-01

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

5. FEI Number

05-5410316

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

Riccard Auguste

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

3905 Nob Hill RD

Suite, Apt. #, Etc.

512

City

SUNRISE

State

FL

Zip Code

33351

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**

Riccard Auguste

REGISTERED AGENT MUST SIGN

Date

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
T	Riccard Auguste	3905 Nob Hill Rd. #512	Sunrise, FL. 33351
T	Bill Mack Williams	1515 NW 12th St	Ft. Laud., FL. 33311
T/H	Ella Mae Dulcio	1517 NW 15th Ct.	Ft. Laud., FL. 33311
T	Yvonne Thomas-Tunnage	1440 NW 43rd Terr #102	Lauderhill, FL. 33313
T	Hattie Greaves	3440 NW 1st St	Ft. Laud., FL. 33311
T/S	Eula Williams	2463 NW 28th St.	Ft. Laud., 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:

Eula Williams / Eula W. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/01
Date

954-763-7780
Daytime Phone #

CR2E081 (9/00)