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
99 JUL 29 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10010

1. Corporation Name
ABIDING SAVIOR LUTHERAN CHURCH
FORT LAUDERDALE FL 33312

Principal Place of Business	Mailing Address
1900 SW 35TH AVE FT. LAUDERDALE FL 33312	1900 SW 35TH AVE FT. LAUDERDALE FL 33312

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/30/92

5. FEI Number: 59-1918819 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	GUY MAXWELL	3340 SW 17 ST	FT. LAUDERDALE FL 33312
SD	DIANA NESTLER	7160 NW 11 PLACE	PLANTATION FL 33313
T	ROGER SUAREZ	3549 SW 16 COURT	FT. LAUDERDALE FL 33312
FS	HELEN WING	450 NW 86 TERR # 101	FT. LAUDERDALE FL 33324
VD	BARBARA MEADE	1263 SW 29 TERR.	FT. LAUDERDALE FL 33312

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****236.25 ****35.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: BARBARA MEADE
Street Address (P.O. Box Number Not Acceptable): 1263 SW 29 TERR.
Suite, Apt. #, Etc.:
City: FT. LAUDERDALE State: FL Zip Code: 33312

CR2E040 (1/98)

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: Barbara V Meade (REGISTERED AGENT MUST SIGN) Date: 7/26/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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.

SIGNATURE: Barbara V. Meade — 7/26/99 (Date) — 954-583-3212 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA MEADE - VICE-PRESIDENT