

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 27 PM 5:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000355

1. Corporation Name

ST. PHILIP'S EPISCOPAL CHURCH OF POMPANO BEACH,  
INC.

Principal Place of Business

465 N.W. 15TH STREET  
POMPANO BEACH FL 33060

Mailing Address

465 N.W. 15TH STREET  
POMPANO BEACH FL 33060

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/2000

5. FEI Number

65-0990212

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 2003

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	4 City / State / Zip
PD	CHIWESHE, LOVEMORE REV	14222 N.W. 18TH PLACE	PEMBROKE PINES FL 33026
D	WALLACE, SLYVIA	2046 NW 42ND TERRACE	LAUDERHILL FL 33313
D	ROBINSON, NATHANIEL	216 NW 15TH PLACE	POMPANO BEACH FL 33060
SD	QUANN, ROSANNA	2910 NW 24TH AVENUE	OAKLAND PARK FL 33311
TD	WILLIAMS, ERNESTINE	173 NW 15TH STREET	POMPANO BEACH FL 33060
D	ARMBRISTER, ALONZA	1500 NW 3RD WAY	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent

CHIWESHE, LOVEMORE REV  
14222 N.W. 18TH PLACE  
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
200024101222	
Suite, Apt. #, Etc.	10/27/03--01016--003 **236.25
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. or 617.0505, F.S.

Signature of  
Registered Agent

*Chiweshe Lovemore*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/19/2003

11. 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:

*Rosanna E. Quann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 19, 2003

Daytime Phone #

CR2E040 (7/03)