

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002848

1. Corporation Name

PANORAMA FAMILY CHURCH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2400 NW 195TH TERRACE
MIAMI FL 33055

2400 NW 195TH TERRACE
MIAMI FL 33055

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

2. New Principal Office Address, If Applicable

9630 NW 2nd St

3. New Mailing Office Address, If Applicable

PO BOX 1914

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State
Miami, FL

Zip
33024

Country
USA

Zip
33055

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/2000

5. FEI Number

65-1006384

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 3	City / State / Zip 4
D	SMALL, CARLTON	3400 NW 195TH TERRACE	MIAMI FL 33055
D	MCKENZIE, E.J.	4756 NW 167TH STREET	MIAMI FL 33014
D	HUNT, YOLANDA	755 NW 175TH STREET	MIAMI FL 33169

8. Name and Address of Current Registered Agent

SMALL, CARLTON
3400 NW 195TH TERRACE
MIAMI FL 33055

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/7/02

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:

SIGNATURE REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/02

Daytime Phone #

CR2E040 (8/02)