

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 21 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000004744**

1. Corporation Name
Calvary Chapel in Coral Springs, Inc.

2. Principal Office Address
7400 Wiles Road

3. Mailing Office Address
7400 Wiles Road

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip Country
33067 USA

Zip Country
33067 USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida 7/19/2000

5. FEI Number
651024813

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
Flores, Gustavo E.

Street Address (P.O. Box Number is Not Acceptable)
7560 Parkside Place

Suite, Apt. #, Etc.

City
Margate

State Zip Code
FL 33063

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 7/12/2005

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
DP	Flores, Gustavo E.	7560 Parkside Place	Margate, FL 33063
DT	Ruel, Joseph	5221 Rosen Blvd.	Boynton Beach, FL 33437
DS	Arguelles, Orlando	7102 NW 67 Street	Tamarac, FL 33321
			000057703640
			07/20/05--01034--001 **192.50

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)(f), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2005
Date

954 227 9339
Daytime Phone #

CR2E061 (07/05)



7400 Wiles Road, Suite 105
Coral Springs, FL 33065
tel 954.227.9339 • fax 954.977.4062

ministryemail@aol.com

July 12, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We would like to request a waiver of the reinstatement fee of \$175.00 due to the fact that we did not receive the renewal form.

We thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Gustavo Flores".

Gustavo Flores
President
Calvary Chapel in Coral Springs, Inc.