

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 18 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 101000001203

1. Corporation Name

First Church of the Nazarene Pahokee, Inc.

2. Principal Office Address

480 Bacom Point Rd.

3. Mailing Office Address

P.O. Box 242

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pahokee, Fl.

City & State

Pahokee, Fl.

Zip

33476

Country

Palm Beach

Zip

33476

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida 02/19/2001

5. FEI Number
592534515

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Danny R. Moore

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

480 Bacom Point Rd.

Suite, Apt. #, Etc.

City

Pahokee

State

FL

Zip Code

33476

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

09/30/06

Date

REGISTERED AGENT MUST SIGN

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
D	Danny R. Moore	157 South Greenstar Ave.	Pahokee, Fl. 33476
D	Raymond Moore	19241 S.W. Connors Hwy.	Canal Point, Fl. 33438
D	Stuart Powel	271 Parkview Ct.	Pahokee, Fl. 33476
D	Deloris Moore	19241 S.W. Connors Hwy.	Canal Point, FL. 33438
D	Debbie Scott	16558 S.W. Connors Hwy.	Canal Point, Fl. 33438

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danny R. Moore

09/30/06

Date

561-924-2587

Daytime Phone #

05-06

10/26/06