

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 17 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004946

1. Corporation Name

Greater Ward Chapel African Methodist Episcopal Church Of Hallandale, FL., INC

2. Principal Office Address - No P.O. Box #

900 NW 6th Ave

3. Mailing Office Address

P.O Box 4466

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Halandale FI 33009

City & State

Hallandale FI 33008

Zip

Country

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 7/12/2001

5. FEI Number

200163547

☐ 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

Thomas R. Francisco Sr, Pastor

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

609 NW 10th Street

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

OCT 17 2017

R. HUNT

400240923364

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REINSTATEMENT

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

Thomas R. Francisco Sr.
REGISTERED AGENT MUST SIGN

Date 10-8-2012

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
Stew	Madeline Roberson	1209 S. 29th Avenue	Hollywood FL 33020
Stew	Ruth McDonald	811 NW 5th Terrace	Hallandale FI 33009
Trus	Marilyn Jackson	2546 Fletcher Court	Hollywood FL 33020
Trus	Robert Porter	2518 Fletcher Street	Hollywood FL 33020
Trus	John C Brown	4630 SW 25th Street	West Park FL 33023

10. E-mail Address:

francisco@bellsouth.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constituted a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Thomas R. Francisco THOMAS R. FRANCISCO

10/8/12

561-352-7127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #