

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 JUL 10 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08337**

1. Corporation Name

DELRAY BEACH PRIMITIVE BAPTIST CHURCH

800021999278
08/04/03--01005--019 **8.75

REINSTATEMENT 00-03

2. Principal Office Address

1717 N.E. 2nd Avenue

3. Mailing Office Address

1717 N.E. 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

City & State

Delray Beach, Florida

Zip

33444

Country

USA

Zip

33444

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/85

5. FEI Number

59-2153716

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

Malcolm Chapman

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

13 N. E. 12th Street

Suite, Apt. #, Etc.

City

Delray Beach, --

State

FL

Zip Code

33444

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

Malcolm Chapman
REGISTERED AGENT MUST SIGN

Date

7-9-03

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
PTD	Lelius H. Chapman	235 N.E. 10th Street	Delray Beach, FL 33444
D	Esther McMurrian	227 Dixie Blvd	Delray Beach, FL 33444
D	Virginia Parsons	1303 N.E. 2nd Ave.	Delray Beach, FL 33444
D	Malcolm Chapman	13 N.E. 12th Street	Delray Beach, FL 33444

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)(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:

Malcolm Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-03

Date

561-276-0721

Daytime Phone #