

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NO9919**

1. Corporation Name

**WEST PALM BEACH CHURCH OF THE BIBLE COVENANT,**

**Jrx.**

Principal Place of Business

Mailing Address

**1815 Parker Ave.  
West Palm Beach, FL  
33401**

**1815 Parker Ave.  
West Palm Beach, FL  
33401**

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

2. New Principal Office Address, If Applicable

**1400 Co.Rd.17A North**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**1400 Co.Rd.17A North**  
Suite, Apt. #, etc.

City & State

**Avon Park, FL**

City & State

**Avon Park, FL**

Zip

**33825**

Country

**USA**

Zip

**33825**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**June 24, 1985**

5. FEI Number

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Amos Hann	1100 Langley Ct.	Columbia, SC 29203
V/D	Patrick McLeod	2329 Fairway Dr.	West Palm Beach, FL 33409
V/M	Domingo Escobar	1400 CR 17A N., Lot 49	Avon Park, FL 33825
S/D	Gail Escobar	1400 CR 17A N., Lot 49	Avon Park, FL 33825
T/D	Paula McLeod	2329 Fairway Dr.	West Palm Beach, FL 33409
			<b>10-4-97</b>

8. Name and Address of Current Registered Agent

**Kevin C. Crimmins  
1815 Parker Ave.  
West Palm Beach, FL 33401**

9. Name and Address of New Registered Agent

Name

**Amos Hann**

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

**1400 Co.Rd.17A North**

Suite, Apt. #, Etc.

City

**Avon Park**

State

**FL**

Zip Code

**33825**

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.

Signature of

Registered Agent

**Amos Hann**  
REGISTERED AGENT MUST SIGN

Date

**Oct. 1, 1997**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Amos Hann**

**600002321046--5**

**-10/15/97--01076--020**

**\*\*\*\*420.00 \*\*\*\*420.00**

**Oct. 1, 1997**

Date

**803-754-6970**

Daytime Phone #

CR2E040 (12/96)