

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
2000UBE
Secretary of State
BUREAU OF CORPORATIONS

FILED

00 OCT 30 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N16208

1. Corporation Name

CALVARY EVANGELISTIC ASSOCIATION INTERNATIONAL
INC.

Principal Place of Business

Mailing Address

1925 N.E. 45TH STREET
SUITE 234
FT. LAUDERDALE FL 33308

1925 N.E. 45TH STREET
SUITE 234
FT. LAUDERDALE FL 33308



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0000853

Not Applicable

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PC	VOCE, ALLAN G.S. DR.	1925 N.E. 45TH STREET, SUITE 234	FT. LAUDERDALE FL 33308
V	VOCE, MICHAEL	1925 N.E. 45TH STREET, SUITE 234	FT. LAUDERDALE FL 33308
D	SIMON, RAPHAEL REV.	1925 N.E. 45TH STREET, SUITE 234	FT. LAUDERDALE FL 33308
SD	VOCE, PEARL	1925 N.E. 45TH STREET, SUITE 234	FT. LAUDERDALE FL 33308
DM	RAWLINS, CHRISTIAN REV.	1925 N.E. 45TH STREET, SUITE 234	FT. LAUDERDALE FL 33308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VOCE, ALLAN G.S. DR.
1925 N.E. 45TH STREET
FT. LAUDERDALE FL 33308

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. **300003472989--8**
City **FT** State **FL** Zip Code **33308**
Date **11/21/00** **01079--026**
Date **11/21/00** **01079--026**

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

REGISTERED AGENT MUST SIGN

Date

Oct. 26-2000

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., 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 furnished 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

DR. ALLAN VOCE

Date

Daytime Phone #

Oct. 26-2000



2005-2707/18
Fax 305-656-6722

Calvary Evangelistic Association International, Inc.
Ministering to the whole man: - Rom 14:12, Jn 3:3

October 26, 2000

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

Re: Calvary Evangelistic Association International Inc.
Document # N16208

To Whom It May Concern:

As per our telephone conversation earlier today with one of your examiners, we are submitting a check in the amount of \$ 61.25 for the annual fee for the above mentioned Non-Profit Corporation.

We respectfully request that the additional fees be waived for the following reasons:

1. We never received the original form
2. We were out of the country on church business and did not check with our accountant to see if he filed the form since we depended on him to take of these matters, but apparantly he did not take of it. We depended on him. At this point we don't even know of his whereabouts. This was beyond our control.

From now on I am personally going to see that this gets paid in a timely manner.

Thank you for you consideration in this matter.

Sincerely,

Dr. A.G. Voce, Director