

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 # N37344

1. Corporation Name
CHURCHES IN ACTION, INC.

Principal Place of Business
**% W GEORGE ALLEN ESO
401 NW 9TH AVE
FT LAUDERDALE FL 33311**

Mailing Address
**400 NW 9TH AVE
FT. LAUDERDALE FL 33311
US**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**2732 SW 9th St
FT. LAUD., FL
33312**

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1990

5. FEI Number **65-0324798**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	LOMAX, REV WAYNE	400 NW 9TH AVE 2732 SW 9th St Fort Lauderdale, FL 33312	FT LAUDERDALE FL 33312
VO	HUNTER, SANDRA	2841 N. OAKLAND PARK BLVD.	OAKLAND PARK FL
STD	ELLIOTT, GWENDOLYN	400 NW 9TH AVE	FT LAUDERDALE FL
	Rev. JAMES Melton	8210 NW 66 Terr	Tamara C, FL

REINSTATEMENT 333 21/911
G. Allen

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ALLEN, W. GEORGE
305 S. ANDREWS, SUITE 701
FT LAUDERDALE FL 33301**

Name **MARIA Mendez**
Street Address (P.O. Box Number is Not Acceptable)
401 NW 9th Avenue
Suite, Apt. #, Etc.

City **Fort Land**

State **FL**

Zip Code **33311**

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

Maria Mendez

REGISTERED AGENT MUST SIGN

Date

December 20, 1997

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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: **Wayne LOMAX** 12-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **954 587-0329**
Daytime Phone #