


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N40791**

1. Corporation Name
SOUTHSIDE BAPTIST CHURCH OF FORT LAUDERDALE, IN C.

Principal Place of Business
**720 S.W. 4TH AVE.
FT. LAUDERDALE FL 33315**

Mailing Address
**720 S.W. 4TH AVE.
FT. LAUDERDALE FL 33315**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *91*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/25/1990	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0331854	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
STD	GUNN, GERALDINE	4710 NE 3RD AVE	FT LAUDERDALE FL
D	HOLT, MARIE	13760 E. PALOMINO DR	FT. LAUDERDALE FL
D	PICCIN, RICHARD	5120 N.W. 76TH TERR	LAUDERHILL FL

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PICCIN, RICHARD 720 S.W. 4TH AVE. FT. LAUDERDALE FL 33315		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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 *Richard Piccin*
REGISTERED AGENT MUST SIGN

Date *12-5-1997*

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.

GERALDINE GUNN

SIGNATURE: *Geraldine Gunn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 1997 954-493-7815
Date Daytime Phone #

CR2040 (8/97)