

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 JUL -9 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N44080

1. Corporation Name

Biblical Alternatives Fellowship, Inc.

W08 — 29826

2. Principal Office Address - No P.O. Box #

4135 NW 67<sup>th</sup> WAY

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33067

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

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Zip

Country

800131505708

06/19/08--01039--003 \*\*192.50

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

6/24/91

5. FEI Number

65-0350161

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

Steven Rowitt

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

4135 NW 67<sup>th</sup> WAY

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived. (see letter)

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6/16/08

**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
D	Yvonne Rowitt	4135 NW 67 WAY	Coral Springs, FL 33067
D	Bruce Kutikoff	8897 O'dell Drive	Boynton Beach, FL 33472
D	Terry Alvarado	PO Box 631	Orania Beach, FL 33004
D	Steven Rowitt	4135 NW 67 WAY	Coral Springs FL 33067

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 contained in Chapter 119, 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]* Steven Rowitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/08

Date

954-346-9803

Daytime Phone #