

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N44623**

1. Corporation Name

The Believer's Example Christian Center

Principal Place of Business

Mailing Address

**5367 Nob Hill Road
Sunrise, FL 33351**

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

n/a
Suite, Apt. #, etc.

n/a
Suite, Apt. #, etc.

n/a
City & State

n/a
City & State

n/a
Zip

n/a
Country

n/a
Zip

n/a
Country

REINSTATEMENT 98-99^Q

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/91

5. FEI Number

16-24-262595-55C

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
PD	Christopher McCray	6780 NW 104th Lane	Parkland, FL 33076
VD	Mildred McCray	6780 NW 104th Lane	Parkland, FL 33076
D	Jennifer Thompson	92 Pleasant Hill Lane	Tamarac, FL 33319
D	Cora Thomas	2915 NW 56th Avenue #C-2	Lauderhill, FL 33313
D	Denise Munoz	1460 NW 126th Avenue	Sunrise, FL 33323
D	Howard Daniels	4632 NW 58th Terrace	Coral Springs, FL 33067

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Christopher McCray
6780 NW 104th Lane
Parkland, FL 33076**

Name **n/a**

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

n/a

Suite, Apt. #, Etc.

n/a

City

n/a

State

FL

Zip Code

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

Christopher McCray

REGISTERED AGENT MUST SIGN

Date **8/5/99**

11. This corporation owes 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 taxes 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:

Christopher McCray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/99

(954) 572-8171

Date:

Daytime Phone #

CR2E081 (12/98)