

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *N 48839*

1. Corporation Name

The Florida Institute of Religious Studies, Inc.

99 APR -7 PM 12:24

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

*1400 E. Oakland PK. Blvd.
Suite 210
Ft. Lauderdale, FL 33334*

Mailing Address

*300 City View Dr.
Fort Lauderdale, FL
33311*

REINSTATEMENT

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

4. Date Incorporated or Qualified To Do Business in Florida

5/11/92

5. FEI Number

65-6380569

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
<i>Pres</i>	<i>Alexis C. Brimberry</i>	<i>300 City View Dr. Ft. Lauderdale, FL 33311</i>	<i>Ft. Lauderdale, FL 33311</i>
<i>V.P./Sec</i>	<i>Susan Cleveland</i>	<i>358 City View Dr.</i>	<i>Ft. Lauderdale, FL 33311</i>
<i>Director</i>	<i>Shari Pruitt</i>	<i>120 Island Dr.</i>	<i>Andersenville, TN 37705</i>
<i>Director</i>	<i>Douglas R. Carson</i>	<i>3000 Sunrise Lakes Dr. #424</i>	<i>Sunrise, FL 33322</i>

8. Name and Address of Current Registered Agent

*John Cleveland
3831 NW 102 Ave
Coral Springs, FL 33065*

9. Name and Address of New Registered Agent

Name *Alexis Brimberry*
Street Address (P.O. Box Number is Not Acceptable) *300 City View Dr.*
Suite, Apt. #, Etc

City

Ft. Lauderdale

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

Alexis C. Brimberry
REGISTERED AGENT MUST SIGN

Date

4-2-99

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 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:

Alexis C. Brimberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99
Date

(954) 566-6569
Daytime Phone #

CR2001 112-981