

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 19 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51009

1. Corporation Name

THE EBENEZER SEVENTH-DAY ADVENTIST CHURCH, INC.

Principal Place of Business

8970 SW 40TH AVE
HOLLYWOOD FL 33023
US

Mailing Address

4350 WEST HALANDALE BCH BLVD
4TH FLOOR
HOLLYWOOD FL 33023
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0363625

Applied
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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 3	City / State / Zip 4
PD	PRYCE, JAMES RICHARD	2642 33rd Street	Orlando Park FL 33009
ED	MELBOURN, NOE	680 NORTH WEST 177 CT APT 206	MIAMI FL 33169
ED	PAMELLA S. AMBROSE	16605 S.W. 186 Street	MIAMI FL 33157
S	PAYLE, BEVERLY PRYCE BEVERLY	2642 33rd Street	Orlando Park FL 33009
D	ERNEST J. NICANORO	820 N.W. 78 AVE.	Pembroke Pines FL 33024
T	ANN MARIE PRYCE	19022 NW 27 AVE. Apt 108	Miami Florida 33056

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRYCE, JAMES RICHARD
4350 W Hallandale Beach
Blvd. 4th Floor
Hollywood, FL 33023

Name
500003758225--6
Street Address (P.O. Box Number is Not Allowed)
02/26/01 01002-005
****297.50 ****297.50
Suite, Apt. #, Etc.
500003758225--6
City
02/26/01 01002-004
*****8. FL *****8.75

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/8/2001

11. 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: JAMES RICHARD PRYCE 1/8/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-967-8594
Date Daytime Phone #

CR2E040 (8/00)