

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

97 SEP -2 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N9300000 2136*

1. Corporation Name

CALVARY CHAPEL OF BOCA RATON INC.

Principal Place of Business

Mailing Address

10660 W. SANDALFOOT BLVD 2900 GATEWAY DR.
BOCA RATON, FL 33428-5706 POMPANO BEACH, FL
33069

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

5/7/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0481779

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

100002285241-1

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
PRES	THEODORE A. SEIDEL	4976 NW 10 TH STREET	COCONUT CREEK, FL 33063
VP	MARK T. DAVIS	3130 NW 68 TH STREET	FT. LAUDERDALE, FL 33064
SEC	SEAN P. NICHOLSON	205 SE 10 TH ST # E9	DEERFIELD BCH, FL 33441
DIR	ROBERT J. COY	7900 NW 19 TH STREET	MARGATE, FL 33063
DIR	TIM DAVIDSON	7915 MANOR FOREST BLVD	BOYNTON BCH, FL 33462

8. Name and Address of Current Registered Agent

REINSTATEMENT

DAVID HALL
10660 SANDALFOOT BLVD
BOCA RATON, FL 33428-5706

Name *MARK T. DAVIS*

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

2900 GATEWAY DRIVE

Suite, Apt. #, Etc.

City *POMPANO BEACH*

State *FL*

Zip Code *33069*

9. 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

Mark T. Davis

REGISTERED AGENT MUST SIGN

Date

8-25-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark T. Davis

8-25-97

Date

Daytime Phone #

954-977-9673

CR2E040 (2/96)