


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

203 Reinstatement

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *N 93 00000 3574*

1. Corporation Name
Community Church of West Palm Beach, Inc.

2. Principal Office Address
431 W. 30th Street
Suite, Apt. #, etc.

3. Mailing Office Address
12560 Timber Pine Trail
Suite, Apt. #, etc.

City & State
Rivera Beach, FL.

City & State
Wellington, FL.

Zip
33404

Country
U.S.A.

Zip
33414

Country
U.S.A.

FILED

01 DEC 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1998-2001 UBR

4. Date Incorporated or Qualified To Do Business in Florida *8/5/93*

5. FEI Number *65-0434527*

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 *Glen Slayman*

Street Address (P.O. Box Number is Not Acceptable)
12560 Timber Pine Trail

Suite, Apt. #, Etc.

City *Wellington,*

State **FL** Zip Code *33414*

300004745773-1
-12/31/01-01105-007
****245.00 ****245.00

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 *Rev. Antoine Regis*

REGISTERED AGENT MUST SIGN

Date *11/10/01*

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
Pres.	<i>Glen Slayman</i>	<i>12560 Timber Pine Trail</i>	<i>Wellington, FL 33414</i>
Secy.	<i>Rev. Antoine Regis</i>	<i>431 W. 30th St.</i>	<i>Rivera Beach, FL 33404</i>
Tres.	<i>MARY REGIS</i>	<i>431 W 30th St</i>	<i>Rivera Beach FL 33404</i>

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 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: *Glen Slayman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11-10-01*

Daytime Phone #

CR2E081 (9/00)