

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



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

97 NOV 21 PM 2:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001561**

1. Corporation Name
WEST KENDALL BAPTIST CHURCH, INC.

Principal Place of Business
 15855 SW 88 STREET
 MIAMI FL 33186

Mailing Address
 14771 SW 77 ST
 MIAMI FL 33193



REINSTATEMENT 97

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	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		03/30/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0490324	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
CD	GUTHRIE, CHUCK	7831 SW 147 COURT	MIAMI FL
D	LAW, WASH P	13515 SW 110 TERR	MIAMI FL 33186
SD	PARRISH, HARRY	12400 SW 100 STREET	MIAMI FL
			100002356691-1
			-11/25/97--01051--007
			****236.25 ****236.25
			<i>[Handwritten Signature]</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BENSON, TIM 14771 SW 77 ST MIAMI FL 33193		Name <i>Tim Benson</i>	
← SAME ←		Street Address (P.O. Box Number Is Not Acceptable)	
		Sulte, Apt. #, Etc.	
		City	
		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 *[Signature]* REGISTERED AGENT MUST SIGN Date *11/3/97*

11. This corporation owes or has paid 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *11/16/97* (305) 385-2057 Daytime Phone #

CF2E040 (8/97)