

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 29 AM 10:02

DOCUMENT # N94000001561

1. Corporation Name

WEST KENDALL BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

14955 SW 88 ST
 MIAMI FL 33196

14955 SW 88 ST
 MIAMI FL 33196



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

n/a

City & State

n/a

Zip

Country

Zip

Country

REINSTATEMENT

02

4. Date Incorporated or Qualified To Do Business in Florida

03/30/1994

5. FEI Number

65-0490324

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City & State
D	LAW, WASH P	13515 SW 110 TERR	MIAMI FL 33186
CD	TOPPING, ALAN	14450 SW 152 COURT	MIAMI FL 33196
SD	DIAZ, PEDRO	8123 SW 158 PLACE	MIAMI FL 33196
D	THOMAS W. WATSON	14588 SW 142 Ct. Cir. So.	MIAMI, FL 33186
CD	Brod, Bobby	X 12810 SW 25 Terr.	Miami, FL 33175

8. Name and Address of Current Registered Agent

THOMAS W. WATSON
 14955 SW 88 ST
 MIAMI FL 33193

9. Name and Address of New Registered Agent

Name **Thomas W. Watson**
 Street Address (P.O. Box Number is Not Acceptable)
14588 SW 142 Ct. Cir. So.
 Suite, Apt. #, Etc.
 City **Miami** State **FL** Zip Code **33186**

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

REGISTERED AGENT MUST SIGN

Date

10/18/01

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS W. WATSON, PASTOR

10/18/01

CR2ED40 (8/01)