

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 JUL -2 AM 11:25

DOCUMENT # N 95000001545

1. Corporation Name

MARANATHA BAPTIST CHURCH OF FT LAUDERDALE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3625 N.W. 31 AVE
FORT LAUDERDALE, FLA 33311

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

APPLIED

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. Date of Incorporation or Qualification
Secretary	LOUISE TOUSSAINT	930 SW 30 AVE	100002299071--5 -07/08/97--01078--001 ***306.25 ***306.25
Chairman	JUDE CHERY	3841 JACSON BLVD	FT Laud. FLA 33312
PASTOR	MICHEL TOUSSAINT	930 SW 30 AVE	FT Laud. FLA 33312
	Michel Toussaint	930 SW 30 AVE # 204	FT. Laud - FL 33313

8. Name and Address of Current Registered Agent

Michel Toussaint
930 SW 30 AVE
FORT LAUDERDALE, FLA 33312

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

REINSTATEMENT 96-97

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

Michel Toussaint
REGISTERED AGENT MUST SIGN

Rev. PASTOR

Date 4-21-97

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:

Michel Toussaint
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97
Date

791-6144
Daytime Phone #

3R2E040 (12/96)