

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

REINSTATEMENT

1996

FILED

96 OCT 31 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



mwb
11-4-96

EIN 65-0594875

DOCUMENT # N95000003982

1. Corporation Name

SOUTHGATE CHURCH OF CHRIST, INC.

Principal Place of Business

7640 SOUTHGATE BLVD
UNIT 3
N LAUDERDALE FL 33088

Mailing Address

7640 SOUTHGATE BLVD
UNIT 3
N LAUDERDALE FL 33088

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

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/21/1985

5. FEI Number

65-0594875

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PO	BOWMAN, JOHN P	4733 NW 50 CT	COCONUT CREEK FL
D	SUMMERLOTT, TERRY E	2491 NW 95 AVE	CORAL SPRINGS FL 33085
TD	BOWMAN, KENNETH M	6443 ROCK BEAUTY TERR	MARGATE FL 33063
D	WILDER, SHERMAN	2705 NW 75 AVE	SUNRISE FL 33313
D	ROBERTS, LEON	7917 NW 7 CT	PLANTATION FL 33309
700001997277--D -11/06/96--01025--014 ***236.25 ***236.25			

8. Name and Address of Current Registered Agent

BOWMAN, KENNETH M
6443 ROCK BEAUTY TERR
MARGATE FL 33063

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

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

9/7/96

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)(l), 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

Daytime Phone #

10-7-96 564-955-6135