PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

01-02

FILED
02 JUN 24 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004473

1. Corporation Name
South BROWARD Church of CHRIST

2. Principal Office Address	3. Mailing Office Address
2619 Rodman Street	P. O. Box 221511
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, Florida	City & State: Hollywood, Florida
Zip: 33020 Country: USA	Zip: 33022-1511 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9-19-1995

5. FEI Number: 65-0613072 — 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: Bernard A. Davis

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Street Address (P.O. Box Number is Not Acceptable): 2619 Rodman Street

Suite, Apt. #, Etc.:

City: HOLLYWOOD State: FL Zip Code: 33020

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: Bernard A. Davis Date: 6-20-2002
REGISTERED AGENT MUST SIGN

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
PD	Bernard A. Davis	2619 Rodman STREET	Hollywood, FL 33020
SD	Gary C. Williams	2624 Dewey St.	Hollywood, FL 33020
TD	Mackenso Bazile	740 S. Park Rd, Bldg 11, Apt. #14	Hollywood, FL 33021

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: Bernard A. Davis/BERNARD A. DAVIS 6-20-2002 (954) 920-7158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #