

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 NOV 13 PM 12:18

DOCUMENT # **N95000005852**

1. Corporation Name

CALVARY CHRISTIAN COMMUNITY CHURCH, INC.

Principal Place of Business

1109 AUSTRALIAN AVE
WEST PALM BEACH FL 33401

Mailing Address

1109 AUSTRALIAN AVE
WEST PALM BEACH FL 33401



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1995

5. FEI Number

65-0628219

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	RICKS, CHARLES P	403 S.W. 75TH WAY	NORTH LAUDERDALE FL 33068
VPT	POOLE, JULENE K	3009 S. TERRACE DRIVE	WEST PALM BEACH FL 33407
TT	HINTON, WILLIAM T	112 PARK ROAD, NORTH	ROYAL PALM BEACH FL 33411
			400004700994--5
			-11/30/01--01076--015
			***236.25 ***236.25

8. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301~~

9. Name and Address of New Registered Agent

Name

CHARLES P. RICKS

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

403 S.W. 75th WAY

Suite, Apt. #, Etc.

City

NORTH LAUDERDALE FL

State

Zip Code

33068

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

Charles P. Ricks
REGISTERED AGENT MUST SIGN

Date 11/2/01

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:

CHARLES P. RICKS
Charles P. Ricks, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/01 (954) 731-2688

CR2ED40 (8/01)