

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000068

1. Corporation Name

HARVEST CHAPEL OF CORAL SPRINGS, INC.

Principal Place of Business

1901 CORAL RIDGE DR
CORAL SPRINGS FL 33071
US

Mailing Address

1901 CORAL RIDGE DR
CORAL SPRINGS FL 33071
US

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

REINSTATEMENT

02



400011785124
02/04/03--01065--002 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1995

5. FEI Number

65-0646811

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STRADER, DOUGLAS J	992 NW 83 DRIVE	CORAL SPRINGS FL 33071
VD	WHITLATCH, JAMES DR RETIRED	3790 NW 19 STREET	COCONUT CREEK FL 33066
ST	HOHN, WILLIAM NEW PRESIDENT	9408 NW 38TH ST	CORAL SPRINGS FL 33065
T	LAMB, ROBERT	12151 NW 35 STREET	SUNRISE FL 33323
T	RAMOS, LUIS	6600 NW 20TH STREET	MARGATE FL 33063
T	FUNK, BARRY	7602 SUNFLOWER DRIVE	MARGATE FL 33063

8. Name and Address of Current Registered Agent

STRADER, DOUGLAS
992 NW 83 DR
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

WILLIAM HOHN

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

9408 NW 38TH ST

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

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. or 617.0505, F.S.

Signature of
Registered Agent

William E Hohn
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2-1-03

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:

William E Hohn
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-1-03

Daytime Phone #

CR2E040 (6/02)