

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

08 FEB 27 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

PM  
2-28-08

DOCUMENT # N96000003356

1. Corporation Name  
First Church of in Christ of  
West Palm Beach INC

2. Principal Office Address - No P.O. Box #  
610 - 14th St.

3. Mailing Office Address  
610 - 14th St.

City & State  
West Palm Bch. Fl

Zip  
33401 Country  
Palm Bch

CR2E081 (12/07)

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number 65-0688516  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent  
Name Anton V. Manley  
Street Address (P.O. Box Number is Not Acceptable)  
17811 90th St. N.  
City Lakeland State FL Zip Code 33470

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 2/24/08  
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
D	John Howard	218 Porter Place	West Palm Bch. Fl 33409
D	Doris Stevens	1547 W. 10th St.	P.V. Bch. Fl. 33409
D	Alden Wilder	500 Ontario Place	West Palm Bch Fl 33409

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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 contained in Chapter 119, 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: Doris Stevens Date 2-24-08 Daytime Phone # 561 844-6438  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR