

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 14 PM 3:18

DOCUMENT # N96000004205

1. Corporation Name

SAREPTA MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business

Mailing Address

P.O. BOX 8105  
FT. LAUDERDALE FL 33310

P.O. BOX 8105  
FT. LAUDERDALE FL 33310



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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/13/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0682324

Not Applicable

Zip

Country

Zip

Country

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
D	CALIXTE, JEAN	4501 NW 40TH STREET	LAUDERDALE LAKES FL 33319
T	CALIXTE, MINES-ELIE	4501 NW 40TH STREET	LAUDERDALE LAKES FL 33319
TR	CALIXTE, MYLL E	4501 NW 40TH ST	LAUDERDALE LAKES FL 33310
TR	FRANCOIS, URIEL	3540 NW 34TH TERRACE	LAUDERDALE LAKE FL 33309
TR	CALIXTE, ANNE	4501 NW 40TH STREET	LAUDERDALE LAKES FL 33319
7/11/00 90004 039 6125			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALIXTE, JEAN J  
4501 NW 40TH ST.  
LAUDERDALE LAKES FL 33319

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 11-1-2000

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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-2000

Date

Daytime Phone #

**SAREPTA MISSIONARY BAPTIST CHURCH**

PO. BOX 8105 ~ FT LAUDERDALE, FL 33310 ~ U.S.A.  
Phone 954-485-1396

November 02, 2000

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE FL 32314-6327

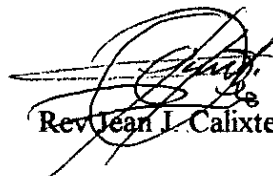
To whom it may concern,

This is to inform you that we did not receive your July 14th correspondence requesting corrections. Indeed, we have always worked in good faith and would have complied had we received your request.

As instructed by Mr. Andy Dunlap, since the renewal fee is already deposited in our account, this letter along with the completed reinstatement application are sufficient in order to regain our corporation status.

Thank you for your prompt attention to this matter.

Sincerely,



Rev. Jean L. Calixte

Account ID: N96000004205