

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000004304**

1. Corporation Name

UNIVERSAL LIFE ADL CHURCH OF CHRIST INC.

Principal Place of Business

**417 NORTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435**

Mailing Address

**417 N. FEDERAL HWY
BOYNTON BEACH FL 33435
US**



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

REINSTATEMENT 03

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

08/14/1996

5. FEI Number

65-0688689

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
PD	JEAN, FREYNER R	#417 N. FEDERAL HWY	BOYNTON BEACH FL
D	JEAN, DARLENE	#309 N.E. 20TH AVE.	BOYNTON BEACH FL
D	GABRIEL, ALICE	419 N. FEDERAL HWY	BOYNTON BEACH FL

100023906141
10/17/03--01052--011 **61.25

8. Name and Address of Current Registered Agent

**JEAN-BAPTISTE, FREYNEL R REV.
417 NORTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Freynel R Jean Baptiste
REGISTERED AGENT MUST SIGN

Date

10-14-2003

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:

Freynel R Jean Baptiste
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-2003
Daytime Phone #

N 96 00000 4364

10-15-2003

DEAR SIR

I never receive THE
ANNUAL REPORT APPLICATION

FOR THIS year

THANK YOU

Sincerely yours

Falepiel Aglan (Signature)