

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB -3 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000001147**

1. Corporation Name

CHILD ENRICHMENT CENTER OF THE WEST BROWARD COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

17950 GRIFFIN RD
FT LAUDERDALE FL 33331

17950 GRIFFIN RD
FT LAUDERDALE FL 33331



REINSTATEMENT

99-18

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

02/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0756673

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LIGHT, MOLLIE	1042 WOODFALL CT	WESTON FL 33326
STD	CORREA, SYLVIA	6976 SW 148TH LANE	DAVIE FL 33331
VD	LANKHEET, JIM	5651 THORNBLUFF AVE	DAVIE FL 33331
			200003136692--3 -02/16/00--01006--019 *****297.50 *****297.50

8. Name and Address of Current Registered Agent

CORREA, SYLVIA
17950 GRIFFIN RD
FT LAUDERDALE FL 33331

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1-28-2000

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-2000
Daytime Phone #
305-512-0001

KE

CR2E040 (8/99)