

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000001147

1. Corporation Name

WEST BROWARD CHRISTIAN SCHOOL, INC.

Principal Place of Business

Mailing Address

17950 GRIFFIN RD  
FT LAUDERDALE FL 33331

17950 GRIFFIN RD  
FT LAUDERDALE FL 33331

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 18 PM 2:37



REINSTATEMENT 01

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
<del>PD</del>	<del>LIGHT, MOLLIE</del>	<del>1042 WOODFALL CT</del>	<del>WESTON FL 33326</del>
<del>TD</del>	<del>CORREA, SYLVIA</del>	<del>6976 SW 148TH LANE</del>	<del>DAVIE FL 33331</del>
<del>VD</del>	<del>LANKHEET, JIM</del>	<del>5051 THORNBUFF AVE</del>	<del>DAVIE FL 33331</del>
PD	Schulz, Wendy	15699 N.W. 12 <sup>th</sup> Rd.	Pembroke Pines, FL 33028
VD	Light, Mollie	1042 Woodfall Ct.	Weston, FL 33326
SD	Huse, Melissa	17520 S.W. 66 <sup>th</sup> Ct.	Southwest Ranches FL 33331

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

Mary Jones

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

230 S.W. 159 Way

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33326

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

*Mary Jones*  
REGISTERED AGENT MUST SIGN

Date

10/16/01

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:

*Sylvia Correa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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10-13-01 236 25 680-5377

Date

Daytime Phone #