

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

59 JUL 26 PM 2:46

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000902521

1. Corporation Name

Apostolic Church of South Dade, Inc.

Principal Place of Business

Mailing Address

600002953026--2

-08/06/99--01080--001

\*\*\*122.50 \*\*\*122.50

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

2. New Principal Office Address, If Applicable

16809 SW 100 AVE

3. New Mailing Office Address, If Applicable

P.O. Box 901611

4. Date Incorporated or Qualified  
To Do Business in Florida

5/1/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0762723

Applied For

Not Applicable

City & State

Miami, FL

City & State

Homestead, FL

Zip

33157

Country

Miami-Dade

Zip

33090-1611

Country

Miami-Dade

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	NORMAN E. Webster	21431 NW 3 St.	Pembroke Pines, FL 33029
T	Anthony Bartholomew	18010 SW 89 Ave.	Miami, FL 33157
T	Robert H. Lacy	18901 SW 288 St.	Homestead, FL 33030

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

NORMAN E. Webster

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

21431 NW 3 St.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

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

Rev. Norman E. Webster

REGISTERED AGENT MUST SIGN

Date

7-22-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐

No ☒

(See other side for information  
on intangible tax.)

12. 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. and 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:

Rev. Norman E. Webster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-99 (305) 439-4844

Date

Daytime Phone #

CR2E081 (12/98)

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## APOSTOLIC CHURCH OF SOUTH DADE



Pastor: Rev. N. E. Webster ◆ PO Box 901611 ◆ Homestead, FL 33090 ◆ USA  
Phone 1-800-446-5710 (ac97) ◆ Email revnew@bellsouth.net

July 22, 1999

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of Corporation

To Whom It May Concern:

We are requesting by copy of this letter that the penalty fees be waived due to the fact that the annual mailing report was not received. The former Pastor and corporate director moved with no forwarding address and the last mailing address of the Corporation was not updated at that time.

We were unaware that the annual filing had not been properly executed until recently at which time we sent for the reinstatement information. We apologize for the former oversight which at the time was not in my control.

Thank you for your attention to this request.

Cordially yours,

*Norman E. Webster, Pastor*

APOSTOLIC CHURCH OF SOUTH DADE  
Norman E. Webster, Pastor