

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N97000002572

1. Corporation Name

BEREAN CHRUCH OF GOD OF FT. LAUDERDALE, INC.

Principal Place of Business

Mailing Address

1441 N.W. 29 AVENUE
FORT LAUDERDALE FL 33311

PO BOX 100488
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

Suite, Apt. #, etc.

3601 Davie Blvd
Ft. Lauderdale Fl.

Suite, Apt. #, etc.

P.O. Box 121256
Ft. Lauderdale

Zip

Country

33312

Zip

Country

33312 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1997

5. FEI Number

65-0590343

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	FAGAN, JOSEPH	1441 N.W. 29 AVENUE	FORT LAUDERDALE FL 33311
SD	POWELL, NEVILLE	839 ALABAMA AVENUE	FORT LAUDERDALE FL 33311
TD	CLARKE, WEBSTER	11501 NW 27TH COURT	PLANTATION FL 33323
VD	Felix Francis	5141 W. Oakland Plc Blvd. Bldg M 33313	

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POWELL, NEVILLE
1441 N.W. 29 AVENUE
FORT LAUDERDALE FL 33311

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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 and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

10 17-03 954-123 065

CR2E040 (7/03)



2012

Pastor Rev. J. Fagan
Assoc. Pastor Rev. N. Powell

The Berean Church of God, Inc.

P.O. Box 121256, Ft. Lauderdale, FL 33312
(954) 792-1110 • (954) 792-1115 • Fax (954) 792-1019

10.17.03

STATE OF FLORIDA
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE,
FL 32314

Dear Sir /Madam,

I am sending this letter in response to your correspondence for reinstatement. We filed the 2003 corporation annual report /uniform business report on 4/16/03, We have been waiting for a reply which we never received, today we received this notice of cancellation, and due to the fact that the it was not received we are requesting your indulgence to waive the fees and apply the \$70 {seventy dollars} that was collected. I can be reached at this number if necessary 954- 205- 5104/954 723 -0655.

Thanking you in advance

Sincerely

Webster Clarke

"These were more noble...in that they... searched the scriptures daily." (Act 17:11)

"The Church where Fellowship in the word has become a daily habit"

3601 Davie Blvd. • Ft. Lauderdale, FL 33312