

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 JAN 20 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002645

1. Corporation Name

Calvary Restoration Ministries, Inc.

Principal Place of Business

Mailing Address

715 S.W. 7th Terrace
Dania, Florida 33004

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

REINSTATEMENT 98-00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

5/9/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

65-0757206

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>P/D</u>	<u>Degrando Franks, Sr.</u>	<u>2315 Atlanta St.</u>	<u>Hollywood, Fl. 33020</u>
<u>V/D</u>	<u>Hosea A. Delevee, Jr.</u>	<u>2164 NW 20th St.</u>	<u>Ft. Laud., Fl. 33311</u>
<u>S/D</u>	<u>William A. Adderley, Sr.</u>	<u>3521 NW 9th Ct.</u>	<u>Ft. Laud., Fl. 33311</u>
<u>T/D</u>	<u>Hayward W. Saunders</u>	<u>2610 NW 42 Ave.</u>	<u>Lauderhill, Fl. 33313</u>
			<u>200003114742--2</u> <u>-01/28/00--01071--002</u> <u>****367.50 ****367.50</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Duane Leon Franks
2315 Atlanta Street
Hollywood, Fl. 33020

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]
REGISTERED AGENT MUST SIGN

Date 24 Dec 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., 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.

KE

SIGNATURE: Degrando Franks Degrando Franks 12/24/99 954 925-3653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #