

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 15 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003400

1. Corporation Name

CHRIST'S CHURCH OF THE PALM BEACHES, INC.

Principal Place of Business

1801 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33407

Mailing Address

P.O. BOX 1585
WEST PALM BEACH FL 33402

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

2. New Principal Office Address, If Applicable

8 Laurel Avenue

Suite, Apt. #, etc.

Suite 4

City & State

East Islip, NY 11730

Zip

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 9

Suite, Apt. #, etc.

City & State

East Islip, NY 11730

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1997

5. FEI Number

65-0775357

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. A fee is 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	PAXSON, LOWELL W	601 CLEARWATER PARK ROAD	WEST PALM BEACH FL 33401
D	STUECHER, DAN	601 CLEARWATER PARK ROAD	WEST PALM BEACH FL 33401
D	TEMPLETON, GARY	601 CLEARWATER PARK ROAD	WEST PALM BEACH FL 33401
D	WILLIAMS, PAUL	601 CLEARWATER PARK ROAD	WEST PALM BEACH FL 33401
D	Rubeck, Dustin	601 Clearwater Park Road	West Palm Beach, FL 33401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATSON, WILLIAM L
601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401

Name

Dusty Rubeck

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

28059 US 19 N

Suite, Apt. #, Etc.

900003060229--7

City

Clearwater

-12/03/99-01017-022

****236.25

FL 33761

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

[Signature]

REQUIRED

Date

11-10-99

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

Date

10/20/99

Daytime Phone #

516-521-4489