

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB -2 PM 1:23

DOCUMENT # **N98D000002882**

1. Corporation Name
CORNERSTONE BIBLE CHURCH, INC.

2. Principal Office Address
15291 SW 51 Street

3. Mailing Office Address

City & State
MIRAMAR, FLORIDA

City & State

Zip Country
33027 BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0838647

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BOBBY JOHNSON

Street Address (P.O. Box Number is Not Acceptable)
15291 S.W. 51 Street

500003677155-3
-02/13/01--01085--001
******358.75 ****358.75**

Suite, Apt. #, Etc.

City
MIRAMAR

State Zip Code
FL 33027

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Bobby D. Johnson**
REGISTERED AGENT MUST SIGN

Date **01/30/01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/O	BOBBY JOHNSON	15291 S.W. 51 St	MIRAMAR FLA 33027
S/O	JOANN JOHNSON	15291 S.W. 51 St	MIRAMAR FLA 33027
D	BARBARA SIMS	1922 S.W. 179 Ave	MIRAMAR FLA 33029
D	ROLSTAN ROBERTS	16830 SW 36 Ct.	MIRAMAR FLA 33027

REINSTATEMENT
99-01
2/6/01

10. 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: **Bobby D. Johnson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/30/01** Daytime Phone # **954-450-7143**

CR2E081 (9/00)