

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 APR 13 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004393

1. Corporation Name

CONVICTS FOR CHRIST, INC.

Principal Place of Business

3651 N.W. 2ND STREET
FORT LAUDERDALE FL 33311

Mailing Address

3651 N.W. 2ND STREET
FORT LAUDERDALE FL 33311

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1998

SP

5. FEI Number

65-0858620

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
President	Minister Earl Lloyd (D)	3651 N.W. 2ND ST.	Ft. Lauderdale, FL 33311
Vice President	LEON ROBINSON (D)	3651 N.W. 2ND STREET	Ft. Lauderdale, FL 33311
Secretary	Jerry D. Gray (D)	311 S.W. 30TH AVE	Ft. Lauderdale, FL 33312
Treasurer			

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***358.75 ***358.75

8. Name and Address of Current Registered Agent

LLOYD, EARL
3651 N.W. 2ND STREET
FORT LAUDERDALE FL 33311

Earl J. Lloyd President

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Earl J. Lloyd
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3/24/00

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 of Earl J. Lloyd
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/24/00
Daytime Phone # 954-797-9758

CR2E040 (8/99)