## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

> Secretary of State DIVISION OF CORPORATIONS

N98000004498 DOCUMENT #

1. Corporation Name

BIBLE BAPTIST CHURCH OF BROWARD, INC.

Principal Place of Business

Mailing Address

C/O JOHN G COODYEAR 0801 SOUTHWEST 7TH PLACE NORTH-LAUDERDALE FL 20068-C/O JOHN G GOODYEAR -6801 - COUTHWEST -7TH PLACE NORTH LAUDERDALE FL 99068

REINSTATEMENT 02

FIIFI

02 DEC -3 PH 1:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable New Mailing Office Address, If Applicable CO LAVERNA. MERCER CO LAVERNA. MERCER

1641

Date Incorporated or Qualified To Do Business in Florida

07/31/1998

5. FEI Number

65-0855527

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED X

\$8.75 Additional Fee required for a Certificate of Status

J.S.A 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director 3 GOODYEAR, REV JOHN C NORTH LAUDERDALE FL 33068 <del>PD-</del> 6801 N.W. OCT PDC MARGATE,FL 33063 BLACKMAN, KURT PARIDO: CYNTHIA L 6801 SW 7 PLACE NORTH LAUDERDALE FL 33068-SD CHERRY, ALICE 101 NE. 56 ST FORT LAUDERDALE, FL 33334 6801-SW-7-CT MARGATE-FL-33063 -DV BLACKMAN, KUPIT  $\boldsymbol{\mathcal{G}}$ BLACKMAN, SHIRLEY 6801 N.W. 6 CT MARGATE, FL 33068 1641 SW 63 AVE MERCER, LEVERN POMPANO BEACH FL 33068 700009329737 12/03/02--01080--019 \*\*245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAYDON, JOANNE C/O CYNTHIA PARIDO 1925 SW 69TH AVENUE POMPANO BEACH FL 33068

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

Suite, Apt. #, Etc.

POMPANO BEACH

Zip\_Code 33068

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

Date 29 NOVEMBER 2002

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 filling 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:

29 NOVEMBER 2002