

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P93000016136

1. Corporation Name

WEDDING CHAPEL OF FORT LAUDERDALE

2. Principal Office Address

1805 N Dixie Highway

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

Country

33305-3816 Broward

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

REINSTATEMENT 95-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. EEI Number

☒ 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

Allen E Fields

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

1805 N. Dixie Highway

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code

33305

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***1650.00 ***1650.00

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

✓ Allen E. Fields

Date August 28, 2001

REGISTERED AGENT MUST SIGN

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
D/P	Allen E Fields	1805 N Dixie Highway	Fort Lauderdale FL 33305

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:

✓ Allen E. Fields

Allen E Fields

Date

August 28, 2001

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

CR2E081 (9/00)