

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 17 PM 12:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000430**

1. Corporation Name

**KING OF KINGS CHRISTIAN CHURCH FOUNDATION, INC.**

Principal Place of Business

Mailing Address

3949 ATLANTIC BLVD  
 JACKSONVILLE FL 32207  
 US

2207 ALICIA LANE  
 ATLANTIS BEACH FL 32233

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/13/1992

5. FEI Number

59-3155817

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Fee (based on period 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JOHNSTON, DAVID REV	2207 ALICIA LANE	ATLANTIC BEACH FL 32233
D	HOLLOWAY, CHARLES T	14614 FALLING CREEK DRIVE, SUITE	HOUSTON TX 77068
D	SISLER, JUDITH	9143 PHILLIPS HIGHWAY, SUITE 260	JACKSONVILLE FL 32256
D	SIMONIC, NICHOLAS T	6280 PRINCETON SQUARE W. STE. 5	JACKSONVILLE FL 32256
			LS
			500003058555--3 -12/02/99--01037--011 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSTON, DAVID REV  
 2207 ALICIA LANE  
 ATLANTIC BEACH FL 32233

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

*Rev David L Johnston*  
**REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date

10/29/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rev David L Johnston*  
**REQUIRED**

Date

10/29/99

Daytime Phone #

CPRE040 (8/99)