

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Mar 11, 2002 8:00 am
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

01-02 UBI

DOCUMENT # **N1700005680**

1. Corporation Name

CHRISTIAN FAMILY Workshop Center, INC
 1110 N.W. Ponce De Leon Dr. Apt. D-2
 HIGH SPRINGS, FL 32643

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

700005140167--0
 -03/22/02--01005--004
 ****122.50 ****122.50

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

10-3-97

5. FEI Number

593471868

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ **\$875 Additional Fee required
 for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name **DR. Lloyd S. Williams**
 Street Address (P.O. Box Number is Not Acceptable)
1110 N.W. Ponce De Leon
 Suite, Apt. #, Etc.
APT. D-2
HIGH SPRINGS, FL

State
FL

Zip Code

32643

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

Dr. Lloyd S. Williams

Date

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.	DR. Lloyd S. Williams	1110 N.W. Ponce De Leon Apt. D-2	High Springs, FL 32643
D.	Cynthia Washington	P.O. box 72 Cassin Rd.	Orlando, FL 32872
D.	Keltha Miller	16473 N.W. 141 st ST.	Alachua, FL 32616
T.	Linda Simpson	104 Beech ST.	Live Oak, FL 32064

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:

Lloyd S. Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

CHRISTIAN FAMILY WORSHIP CENTER

1110 N. W. Ponce De Leon Drive
High Springs, FL 32643

2002

December 19, 2001

Florida Dept of State
Corporate Records
P. O. Box 6327
Tallahassee, Florida 32314

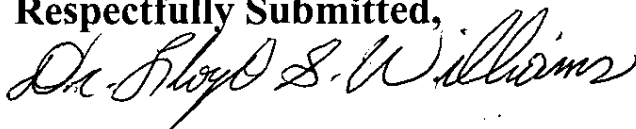
Dear Ms. Harris,

This letter is a request to be reinstated as a corporation. This is the information that was requested, and we do hope that this is adequate.

We understand that the papers were sent out to us for renewal and were returned back to you incomplete. This is because we moved. We moved and followed all the correct procedures for having our mail transferred to our new address, but for some reason our renewal papers did not reach us.

We are sending the amount for renewal and we do apologize for this. We also thank you in advance for cooperating with us. If this information were not adequate would you please inform us of our next process in this matter?

Respectfully Submitted,



Dr. Lloyd S. Williams, Pastor