

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

03 APR 28 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N99000006384

1. Corporation Name

Orlando Family Worship Center, Inc.

2. Principal Office Address

1067 Ranier Dr

Suite, Apt. #, etc.

#1004

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

3. Mailing Office Address

1067 Ranier Dr

Suite, Apt. #, etc.

#1004

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/1999

5. FEI Number

59-3605057

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

01-03 *[Signature]*

7. Name and Address of Current Registered Agent

Name

Stephen W. Beik, Esq.

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

1101 N. Lake Destiny Rd

Suite, Apt. #, Etc.

Suite 120

City

Maitland

State

FL

Zip Code

32751

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

*[Signature of Stephen W. Beik]*

REGISTERED AGENT MUST SIGN

Date 4/22/03

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
PD	Gary H. Beesley	1067 Ranier Dr	Altamonte Springs, FL 32714
VD	Janice Beesley	1067 Ranier Dr	Altamonte Springs, FL 32714
SD	Stephen W. Beik	1101 N. Lake Destiny Rd #120	Maitland, FL 32751
D	Richard Pacheco	6031 Bay Valley Ct.	Orlando, FL 32819

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

407-869-4311

Daytime Phone #

CR2E081 (10/02)

LAW OFFICES OF  
**STEPHEN W. BEIK**  
PROFESSIONAL ASSOCIATION  
1101 N. LAKE DESTINY ROAD, SUITE 120  
MAITLAND, FLORIDA 32751-7120

TELEPHONE (407) 875-0999  
FACSIMILE (407) 875-3701  
E-MAIL BeikPA@aol.com

April 23, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: Orlando Family Worship Center  
Reinstatement Form

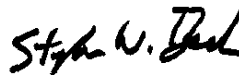
Dear Sir/Madam:

Enclosed please find the following with respect to the above administratively dissolved not for profit corporation:

1. Request for reinstatement.
2. Check for \$490, which includes reinstatement fee for 2001 dissolution of \$358.75; corporate supplemental fee of \$122.50; and \$8.75 for a certificate of status.
3. My firm's check for \$61.25, which is for 2003.

Please forward the letter confirming reinstatement and the certificate of status back to me.

Sincerely,



Stephen W. Beik, Esq.

SWB/trm