





PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 747728</b>		<b>FILED</b> 05 JUL 22 PM 2:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <b>FULL GOSPEL CHURCH OF LIVING GOD, INC.</b>		 <b>REINSTATEMENT 01-05</b>	
Principal Place of Business 2201 NE 19TH STREET P.O. BOX 5901 FORT LAUDERDALE FL 33310			
Mailing Address 2201 NE 19TH STREET P.O. BOX 5901 FORT LAUDERDALE FL 33310			
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		06/19/1979	
5. FEI Number		Applied For	
59-2123443		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required 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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	PARKS, TOMMY W REV	2201 NE 19TH ST	FT LAUD FL
VD	COMER, REV. W	2201 NE 19TH ST.	FT. LAUDERDALE FL
<del>VD</del>	<del>MARTIN, WOODY</del>	<del>2201 NE 19TH STREET</del>	<del>FT. LAUDERDALE FL</del>
D.	<del>Bill</del> Bill DANIEL	2201 NE 19th St	FT LAUD FL
			300057748953
			07/21/05--01051--004 **481.25
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PARKS, T W REV 2201 NE 19TH ST. FT. LAUD FL 33305		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		300057748953 07/21/05--01051--005 **8.75	
		State Zip Code FL	
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 		Date 6-22-05	
REGISTERED AGENT MUST SIGN			
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: 		6-22-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	