

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 753892 (1)

1. Corporation Name

THE CHILDRENS' CHURCH OF THE LORD JESUS, INC.

Principal Place of Business

Mailing Address

ORANGE AVE. + 29th Street
Ft. Pierce, Fla. 34946

40 Elease Lihred
101 Tropic Ct.
Ft. Pierce, Fla. 34946

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

2. New Principal Office Address, If Applicable

1009 South 8th St.

3. New Mailing Office Address, If Applicable

1009 South 8th St.

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Ft. Pierce, Fla.

City & State

Ft. Pierce, Fla.

Zip

34950

Country

U.S.A.

Zip

34950

Country

U.S.A.

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REINSTATEMENT

08-09

4. Date Incorporated To Do Business in Florida 8-25-1980

5. FEI Number

26-3623810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	(NEW) Williams, Jimmy L.	1009 South 8th St. Ft. Pierce, Fla. 34950	Ft. Pierce, Fla. 34950
VD	Johnson, Virginia	403 Stonehouse Rd.	Tallahassee, Fla. 32301
STD	Williams, Roberta	1009 South 8th St.	Ft. Pierce, Fla. 34950

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****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lihred, Elease
101 Tropic Ct.
Ft. Pierce, Fla. 34946

Name Jimmy L. Williams
Street Address (P.O. Box Number is Not Acceptable)
1009 South 8th Street
Suite, Apt. #, Etc.
City Ft. Pierce
State FL Zip Code 34950

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 Jimmy L. Williams
REGISTERED AGENT MUST SIGN

Date 5-20-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: Jimmy L. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-99
Date
561-466-5111
561-464-3263
Daytime Phone #

CFR2081 (12/98)