

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 21 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759026

1. Corporation Name

THE CHURCH OF THE LIVING GOD BY FAITH, INC.

Principal Place of Business

Mailing Address

922 MERCEDES
PANAMA CITY FL 32401

P.O. BOX 2301
PANAMA CITY FL 32401-2301



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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1981

5. FEI Number

58-7986502

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
SD	JONES, LINDA F.	1329 16TH STREET	PANAMA CITY FL
TD	COLE, QUEEN E.	135 AUDREY CIRCLE NW	FT. WALTON BEACH FL
PD	COLE, BENNIE	135 AUDREY CIRCLE NW	FT. WALTON BEACH FL

000002067400--8
-01/24/97--01028--014
****175.00 ****175.00

DBT-22-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLE, BENNIE
135 AUDREY CIRCLE NW
FT. WALTON BEACH FL 32548

Name

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

Suite, Apt. #, Etc.

City

000002067400--8

-01/24/97--01028--015

*****61.25 *****61.25

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

Bennie Cole

REGISTERED AGENT MUST SIGN

Date *Nov. 20, 1996*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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:

Bennie Cole BENNIE COLE

Nov. 20, 1996

Date

Daytime Phone #