

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 2:57

DOCUMENT # 838822

1. Corporation Name

WORLD LITERATURE CRUSADE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009200376
11/25/02--01045--001 **236.25



REINSTATEMENT

02

Principal Place of Business

7899 LEXINGTON DR.
P. O. BOX 35930
COLORADO SPRINGS CO 80920

Mailing Address

PO BOX 35930
COLORADO SPRINGS CO 80935

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1977

5. FEI Number

23-7093281

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	4 City / State / Zip
AS	EASTMAN, DEE	7899 LEXINGTON DR.	COLORADO SPRINGS CO 80920
PD	EASTMAN, RICHARD	7899 LEXINGTON DRIVE	COLORADO SPRINGS CO 80920
TD	AYERS, DAVID	8355 EVANGELINE ROAD	BEAUMONT TX 77706
CD	DUDA, ANDY L.	P.O. BOX 257 MA 1975 W. State Rd-426	OVEIDO FL 32765 Oviedo, FL 32765
VD	FALLENTINE, BRAD	7899 LEXINGTON DR.	COLORADO SPRINGS CO 80920
VC	MCGEHEE, THOMAS R.	3350 PHILLIPS HIGHWAY	JACKSONVILLE FL 32247

8. Name and Address of Current Registered Agent

MCGEHEE, THOMAS R.
3350 PHILLIPS HWY.
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

Duda, Andy L.

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

1975 W. State Road-426

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

11/19/02

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:

Signature of Eastman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/02

Daytime Phone #

719-260-8888

CR2E040 (8/02)