

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 OCT 29 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005718

1. Corporation Name

LIVING WORD EVANGELICAL MINISTRY, INC.

Principal Place of Business

7518 LAUREL HILL DRIVE
ORLANDO FL 32818

Mailing Address

7518 LAUREL HILL DRIVE
ORLANDO FL 32818

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/2000

City & State

City & State

5. FEI Number 59-3738371
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDT	BARTLEY, LEROY L	46 S NORMANDALE AVE	ORLANDO FL 32835
VPTS	BARTLEY, GENEVA T	46 S NORMANDALE AVE	ORLANDO FL 32835
DT	HICKS, REGINALD D	219 LIME AVE	ORLANDO FL 32805
CT	WOODARD, FRANK	8056 CANYON LAKE CIRCLE	ORLANDO FL 32835

8. Name and Address of Current Registered Agent

BARTLEY, GENEVA T
46 SO. NORMANDALE AVENUE
ORLANDO FL 32835

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/21/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, FL 32314-6327

Re: Living Word Evangelical Ministry, Inc.
Document N00000005718

Dear Sir or Madam:

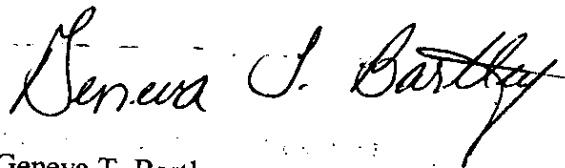
Please know that this letter is in response to a Notice of Administrative Dissolution or Revocation received from your office on today, October 22, 2002.

Please be advised that our organization did not receive the two prior Uniform Business Report notices. We are requesting that the reinstatement fee be waived

We have enclosed a check for \$61.25, along with the necessary documents required for reinstatement.

If you have any questions or concerns, please contact me during the day at (321) 297-7196 or during the evenings at (407) 253-0043.

Thank you in advance for your assistance.



Geneva T. Bartley
Administrator

Cc: Leroy L. Bartley, President