

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

pg 1 of 2



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

02 MAY 29 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000006423**

1. Corporation Name

**ARK OF FAITH CHRISTIAN CENTER AND  
WORLD OUT REACH, INC.**

800005753748--4

-06/11/02--01073--009

\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Office Address

**721 CREEK WATER**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

**107**

Suite, Apt. #, etc.

City & State

**LAKE MARY, FL**

City & State

Zip

**32746**

Country

**Seminole**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**593711908**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**05/04/01 - 90148 012 6125**

7. Name and Address of Current Registered Agent

Name

**MARC DIXON**

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

**853 CANTERBURY DRIVE**

Suite, Apt. #, Etc.

City

**LAKE MARY**

State

**FL**

Zip Code

**32746**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**Marc Dixon**

Date

**4/30/02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director ARBITR	MARC DIXON	853 CANTERBURY DR.	LAKE MARY FL 32746
Director	Tee Dixon	853 CANTERBURY DRIVE	LAKE MARY FL 32746
Director	JEANNE DAVIS-DIXON	2313 North 4th Street	MPL, MN 55411
Director	Paula Yorker	853 CANTERBURY DR	LAKE MARY, FL 32746

10. 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:

**Tee Dixon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**

Date

**407.324.4151X2**

Daytime Phone #

CR2E081 (9/01)