

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 16 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000000269

1. Corporation Name

The Word of God International  
Family worship center, INC

2. Principal Office Address - No P.O. Box #

4588 ST John's Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4588 ST. John's Ave

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

DUVAL

Zip

32210

Country

DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

SENT - 12-24-2001

5. FEI Number

59-3696016

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bishop DR. Larry Black SR (Pastor)

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

4588 ST. John's Ave

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Bishop Dr. Larry A. Black Sr.

REGISTERED AGENT MUST SIGN

Date 12-15-2009

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
Deacon	<u>Tobie Bennett</u>	<u>11405 Brian Lakes Dr.</u>	<u>Jacksonville, FL 32221</u>
Secretary	<u>Barbara DeLeon</u>	<u>761 Village CTR APT 201</u>	<u>Jacksonville FL 32206</u>
Pastor	<u>Bishop Dr. Larry Black</u>	<u>4739 Harlow Blvd</u>	<u>Jacksonville, FL 32210</u>
Co-pastor	<u>Lasaunjala Black</u>	<u>4739 Harlow Blvd</u>	<u>Jacksonville, FL 32210</u>
Marketing	<u>Esperanza Bennett</u>	<u>11405 Brian Lakes Dr.</u>	<u>Jacksonville, FL 32221</u>

**REINSTATEMENT**

**RH**

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 contained in Chapter 119, 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:

Bishop Dr. Larry A. Black Sr. 12-15-09 904-240-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #