

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED

03 FEB 20 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003626

1. Corporation Name

LIVING WATERS FULL GOSPEL MINISTRIES, INC.

Principal Place of Business

45 MASTERS DR
ST AUGUSTINE FL 32084

Mailing Address

45 MASTERS DR
ST AUGUSTINE FL 32084

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/2001

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LEWIS, SYLVIA	500 N CLAY STREET	ST AUGUSTINE FL 32084
V	KING, LAVERNE	80 KINGSFERRY WAY	ST AUGUSTINE FL 32084
S	CARPENTER, JAMES	59 MASTERS DR	ST AUGUSTINE FL 32084
T	CARPENTER, TAUSHA	59 MASTERS DR	ST AUGUSTINE FL 32084

8. Name and Address of Current Registered Agent

KING, LAVERNE
80 KINGSFERRY WAY
ST AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name

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

800012973008

Suite, Apt. #, Etc.

02721703--01111--004 *#122.00

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

Laverne King

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/26/03

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:

Sylvia Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/03

Daytime Phone #

CR2E040 (8/02)

Jan. 31, 2003

Florida State Department
Division of Corporations
Annual Report
PO Box 16327
Tallahassee, FL 32314

To Whom It Concerns:

Living Waters Ministries shares a mail box with another company. There are times that we don't receive mail. This is one of them. We just received this notification last week.

I talked with one of the representatives from the department of state & was advised to look for the annual report in January.

Please Reinstate our non-profit organization. Enclosed is a check in the amount of One Hundred & Twenty-Two dollars.

Lybia Lewis
President of LW