

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **pg 16F2**

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jiri Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01000004769**

1. Corporation Name

THE RIVER OF GOD MINISTRY, INTERNATIONAL, INC.

Principal Place of Business

107 OAK HILL RD.
VALRICO FL 33594

Mailing Address

107 OAK HILL RD.
VALRICO FL 33594

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

07/03/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1118572

Applied For

Not Applicable

City & State

City & State

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WILLIAM, EDDI	107 OAK HILL RIDGE RD.	VALRICO FL 33594
VT	WILLIAM, HUGUETTE M	107 OAK HILL RIDGE RD.	VALRICO FL 33594
T	DENISE E. DIXON	19815 WYNDHAM LAKES DR	ODESSA FL 33556
T	DEBBIE TUTELA	19910 WYNDMILL CIRCLE	ODESSA FL 33556
			300008943793 11/12/02--01131--011 **61.25

8. Name and Address of Current Registered Agent

~~SCHULLENBERG, IRMA G~~
~~22066 MIDWAY BLVD.~~
~~PORT CHARLOTTE FL 33952~~

9. Name and Address of New Registered Agent

Name **EDDI WILLIAM**
Street Address (P.O. Box Number is Not Acceptable)
107 OAK HILL RIDGE ROAD
Suite, Apt. #, Etc.
City **VALRICO** State **FL** Zip Code **33594**

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 **11-05-02**

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 #

11-05-02

(813) 655-4801

CR2E040 (8/02)

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RIVER OF GOD MINISTRY, INTL. INC.

Revs. Eddi & Hugnette William

107 Oakhill Ridge Rd.
Valrico FL 33594

(813) 655-4801
e.intheriver@worldnet.att.net

November 5, 2002

~~To whom it may concern~~

We did not receive any prior letter regarding this matter. Please accept our sincere apologies. Included is a check for \$ 61.25 to cover the fee-

Thank you

Eddi William
Reverend

11/5/02
11/5/02