

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 12 PM 2:28

DOCUMENT # **N01000007127**

1. Corporation Name  
**Spring Of Living Water  
Outreach Ministry Inc.**

2. Principal Office Address

**2580 South Military Trail**

Suite, Apt. #, etc.  
**# B**

City & State

**West Palm Beach Fl.**

Zip

**33415**

Country

**Palm Beach**

3. Mailing Office Address

**2580 South Military Trail**

Suite, Apt. #, etc.  
**# B**

City & State

**West Palm Beach Fl.**

Zip

**33415**

Country

**Palm Beach**

**REINSTATEMENT**

**305**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10-09-2001**

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$975 Additional Fee required  
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

**Donald Oscar Reid**

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

**2580 South Military Trail**

Suite, Apt. #, Etc.

**# B**

City

**West Palm Beach**

State

**FL**

Zip Code

**33414**

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

**Donald E Reid**

REGISTERED AGENT MUST SIGN

Date **09-21-05**

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
<b>P/D</b>	<b>Donald O Reid</b>	<b>2580 South Military Trail</b>	<b>West Palm Beach Fl 33415</b>
<b>V/D/C</b>	<b>Pauline Badie</b>	<b>3170 Windward Lane</b>	<b>Lantana Fl 33462</b>
<b>M</b>	<b>Barry Perriel</b>	<b>570 South Broadway</b>	<b>Lantana Fl 33462</b>
<b>Trea/V/M</b>	<b>Marcia D Moodie</b>	<b>417 NW 2nd St</b>	<b>Boynton Beach Fl 33435</b>
<b>Trus</b>	<b>Michelle Taylor</b>	<b>417 N 4th St. Apt #1</b>	<b>Lantana Fl 33462</b>

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:

**Donald E Reid (DONALD O. REID)**

Date

Daytime Phone #

**09-21-05 561 432 8559**

CR2E081 (10/02)