

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 25 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/13/07--01032--010 **542.50

DOCUMENT # NO1000007364

1. Corporation Name

We Can Do All Things Through Christ
Outreach Ministries, Inc.

W07-28152

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

7117 S.W. ARCHER RD
LOT # 2617

Suite Apt # etc

City & State

GAINESVILLE FLA 32608

352-337-2848 352
-246-7023

3. Mailing Office Address

Suite Apt # etc

City & State

REINSTATEMENT 02-07

4. Date Incorporated or Qualified
To Do Business in Florida

50 0001118

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

JOSEPH H. WILLIAMS

7117 S.W. ARCHER RD # Lot 2617

GAINESVILLE

State

FL

32608

☐ 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

Joseph H. Williams

REGISTERED AGENT MUST SIGN

Date 6-11-07

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
PRES	Joseph H. Williams III	7117 S.W. ARCHER RD	G'VILLE FLA 32608
SEC	LINDA V. WILLIAMS	SAME	SAME
TRES	ADMINISTRATOR		
AD MIN	GARY ARMSTRONG	1040 S.E. 14th ST	G'VILLE FLA 32641
ASST AD MIN	ASST ADMINISTRATOR JOHN S. GREEN	3803 S.W. 92ND DR.	G'VILLE FLA 32608

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:

Joseph H. Williams III

6-11-07

Linda V. Williams
K6/25