

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 30 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000003044

1. Corporation Name

YES LORD COMMUNITY DEVELOPMENT, INC.

2. Principal Office Address

Suite, Apt. #, etc. same

City & State

Zip

Country

3. Mailing Office Address

P.O. Box 196
CHIPLEY FL 32428

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

EP

8/27/03 90078 020 #6125

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

02-0587909

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 DAVID WOODS, JR

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

102 LARAMIE CIR
PANAMA CITY, FL

Suite, Apt. #, Etc.

City

State
FL

Zip Code

700028321307

02/06/04-01024-010 **70 00

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

REGISTERED AGENT MUST SIGN

Date

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
CEO	DAVID WOODS, JR	102 LARAMIE CIR	PANAMA CITY, FL 32405
SEC.	TRACY L. ANDREWS	802 ORANGE ST PO BOX 475	CHIPLEY, FL 32428
TREAS	VANESSA RHYMES	PO BOX 52	CHIPLEY, FL 32428

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACY L ANDREWS

1-30-04

Date

850 638-8962

Daytime Phone #

CR2E081 (10/02)

January 30, 2004

To: Florida Department of State
Division of Corporations

From: Yes Lord Community Development, Inc.
Document # N02000003044

I submitted the 2003 report and \$ 61.25 filing fee on August 26, 2003 by mail to your office. We have not received any documentation that additional information is needed or the Articles of Incorporation letter. I am requesting that all late fees be waived.

Thank You,
Tracy L. Andrews