

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 24 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005612

1. Corporation Name

GREATER LOVE CHURCH, OF GOD IN CHRIST, OF LAKE PLACID, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

143 MAIN STREET (HIGHWAY PAR

3. Mailing Office Address

27 PALM CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID

City & State

AVON PARK

Zip

33852

Country

HIGHLANDS

Zip

33825

Country

HIGHLANDS

4. Date Incorporated or Qualified

To Do Business in Florida 07/23/02

5. FEI Number

65-0618971

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

JAMES L. HULEN

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

25 PALM CIRCLE

Suite, Apt. #, Etc.

City

AVON PARK

State

FL

Zip Code

33825

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 02/16/04

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
P/D	HULEN, JAMES L.	25 PALM CIRCLE	AVON PARK, FL 33825
D	SHULER, LOU-BERTHA	P.O. BOX 546	LAKE PLACID, FL 33852
T/D	KEMP, DANIEL	100 FLORIDA DR.	LAKE PLACID, FL 33852

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:

James L. Hulen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/04 (863) 453-4346

Daytime Phone #

CR2E081 (01/04)