

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 24 PM 1:17

DOCUMENT # NQ3000010636

1. Corporation Name

Life in the Spirit Baptist Worship Center

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/02/07-01007-003 **227.50

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

10646 Haverford Rd

Suite, Apt. #, etc.

#6

City & State

Jax, FL

Zip

32218

Country

USA

3. Mailing Office Address

P.O. Box 77279

Suite, Apt. #, etc.

City & State

Jax, FL 32226

Zip

32226

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1/04

5. FEI Number

841631363

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

Corey Williams

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

10868 Apple Blossom Trail East

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

☒ 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

Corey Williams

REINSTATEMENT

REGISTERED AGENT MUST SIGN

Date 9/20/07

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	Corey Williams	10868 Apple Blossom Trail E	Jax, FL 32218
V	Tomekia Williams	10868 Apple Blossom Trail E	Jax, FL 32218
D	David Johnson	12416 8th St	Jax, FL 32209
D	Joyce Miller	10218 Henerita St	Jax, FL 32209
D	Rose Day	848 Tortoise Way	Jax, FL 32218

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:

Corey Williams Corey Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/07

Date

904/305/8188

Daytime Phone#