

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 OCT 28 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000001220

1. Corporation Name

Faith Community Church, Inc

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

County Road 136

Suite, Apt. #, etc.

City & State

Live Oak, FL

Zip

32064

Country

US

3. Mailing Office Address

PO Box 963

Suite, Apt. #, etc.

City & State

Live Oak, FL

Zip

32064

Country

US

900213761339
10/28/11--01005--025 **358.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2005

5. FEI Number
37-1497999

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

Atherton, Don

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

16241 141st Rd

Suite, Apt. #, Etc.

City

McAlpin

State

FL

Zip Code

32062

REINSTATEMENT

2H
09-11

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

Don Atherton
REGISTERED AGENT MUST SIGN

Date 10/16/2011

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	Richardson, Ronnie	8717 208th Place	O'Brien, FL 32071
T/D	Demond, Kent, Deacon	Women's Club of Live Oak	Live Oak, FL 32060
T/D	Strickland, E.L., Deacon	Women's Club of Live Oak	Live Oak, FL 32060
T	Persson, William B	16084 141st Rd	McAlpin, FL 32062
T/T/D	Don Atherton	16241 141st Rd	McAlpin, FL 32062
S	Deanna Richardson	8717 208th Place	O'Brien, FL 32071

10. E-mail Address: lifefellowshipchurch@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ronald Richardson Pastor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/2011 (384) 697-1138

Daytime Phone #