

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 29 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO 5000007144*
1. Corporation Name
*Changing Your World Church
International*

2. Principal Office Address - No P.O. Box #
6808 Cherry Grove Circle P.O. Box 616422

Suite, Apt. #, etc.
N/A

City & State
Orlando, FL

Zip
32809

Country

3. Mailing Office Address
P.O. Box 616422

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32861

Country

CR2E081 (12/08)

06-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
87-0744829

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
GARY WHEELER

Street Address (P.O. Box Number is Not Acceptable)
6808 Cherry Grove Circle

Suite, Apt. #, Etc.
N/A

City
Orlando

State
FL

Zip Code
32809

☒ 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

Date

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>GARY WHEELER</i>	<i>6808 Cherry Grove Circle</i>	<i>Orlando FL 32809</i>
<i>V</i>	<i>Samantha Wheeler</i>	<i>6808 Cherry Grove Circle</i>	<i>Orlando FL 32809</i>
<i>T</i>	<i>Naaman Smith</i>	<i>44 South Park</i>	<i>Orlando FL 34787</i>
<i>S</i>	<i>Tamara Smith</i>	<i>44 South Park</i>	<i>Orlando FL 34787</i>

REINSTATEMENT

600153753186

04/29/09--01025--001 **253.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(414) 628-4899