

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N070000009310

1. Corporation Name

Life Church International
Jacksonville, Inc.

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

435 Clark Road

Suite, Apt. #, etc.

Suite 305

City & State

Jacksonville, Florida

Zip

32218

Country

U.S.

3. Mailing Office Address

P.O. Box 3347

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32206

Country

U.S.

700172789987
03/22/10--01051--003 **131.25

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/2007

5. FEI Number

26-1104292

☒ 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

Jared Williams

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

10411 BRIARCLIFF ROAD S.

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

REGISTERED AGENT MUST SIGN

Date 3-18-2010

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.	Jared Williams	10411 Briarcliff Rd. S.	Jacksonville, FL 32218
Dir	Marquita Williams	10411 Briarcliff Rd. S.	Jacksonville, FL 32218
Dir	Joy Alexander	11124 Cherokee Drive	Jacksonville, FL 32221
Dir	Beverly Hooper	8425 Sophist Circle W.	Jacksonville, FL 32209
REINSTATEMENT			
RH			

10. E-mail Address: admin@iseelife.org

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2010 (904) 859-4718

Date

Daytime Phone #