

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -2 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N12429**

1. Corporation Name
THE LORD'S CHAPEL, INC.

Principal Place of Business Mailing Address
9930 5 SAILVIEW COURT 9930 5 SAILVIEW COURT
FORT MYERS FL 33905-5341 FORT MYERS FL 33905-5341

REINSTATEMENT
100009782201
01/02/03--01025--019 **236.25 07

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/01/1985	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2650240	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CAMP, GERALD S.	1531 MORENO AVENUE 9930-5 SAILVIEW COURT FORT MYERS FL. 33905	FORT MYERS FL
D	BROWN, CAROL	4132 E RIVER DRIVE	EAST FORT MYERS FL
D	BROWN, CHARLES	4132 E RIVER DRIVE	EAST FORT MYERS FL
D	ORSZ, DAVID	1900 CLIFORD ST.	FT. MYERS FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CAMP, GERALD S. 1531 MORENO AVENUE FORT MYERS FL 33901		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Gerald S. Camp* **SIGNATURE REQUIRED** Date 12/19/2002
REGISTERED AGENT MUST SIGN

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 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: *Gerald S. Camp* **SIGNATURE REQUIRED** Date 12/19/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20040 (8/02)