

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20404

1. Corporation Name

DEEPER LIFE CHRISTIAN MINISTRY INC.

Principal Place of Business

Mailing Address

1527 SW ARGYLE DR.
P. O. BOX 693
FT. LAUDERDALE FL 33302

1527 SW ARGYLE DR.
P. O. BOX 693
FT. LAUDERDALE FL 33302

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1987

5. FEI Number

59-2747784

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ORIGHO, CHRISTOPHER C.	1119 N.W. 10TH PL.	FT. LAUDERDALE FL
D	ORIGHO, DAPHENY M.	1517 SW ARGYLE DR.	FT. LAUDERDALE FL
SD	JULIUS, MARTHA	1360 SW 34TH AVE.	FT. LAUDERDALE FL
TD	JULIUS, ALBERT	1360 SW 34TH AVE.	FT. LAUDERDALE FL
VD	WILLIAMS, A. VIRGINIA	5711 NW 27 CT.	LAUDERHILL FL
ATD	KWANE, TWENEBOAH	4033 LAKESIDE DR.	TAMARAC, FL. 33319

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ORIGHO, CHRISTOPHER C.
1119 N.W. 10TH PL.
FT. LAUDERDALE FL 33311

Name

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

200003532662--6

Suite, Apt. #, Etc.

-01/11/01--01042--018

****245.00 ****245.00

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.

Signature of
Registered Agent

Christopher Origho
REGISTERED AGENT MUST SIGN

Date 10/12/00

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.

KE

SIGNATURE:

CHRISTOPHER ORIGHO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00 (270-2081)

Date

Daytime Phone #