PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N22439

1. Corporation Name

THE KING'S WAY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address



01 OCT 16 PM 3: 03

1000 22ND STREET ORLANDO FL 32805			- •	1000 22ND STREET ORLANDO FL 32805			EINSTATEMENT O				
If above	addresses are	incorrect in any	way, line through incorrect i	nformation a	and enter co	orrection below.	Tendo d	Left a propagation	មូស្ស 🖻		
New Principal Office Address, If Applicable 3. N			cable 3. New Mail	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 09/10/1987				
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For Not Applicable				or .
City & State			City & State	City & State							
Zip	Country		Zip	Zip Counti			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			uired tus	
7. Names	and Street Ad	dresses of Each	Officer and/or Director (Flo	rida nonpro	fit corporati	ons must list at lea	st 3 directors)				=
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
D	RUTH BARNES			2241 Lake Vilma Dr.			KISSIMMEE, FL 34743 DRIANDO 71. 32835				
D	MILLIGAN, MATTHEW			5203 FAWNWAY COURT			ORLANDO FL 32819				
D	AUSTIN, W	3204 GULFSTREAM AD. 16 17 Billingshurst Ct.			ORLANDO FL. 02825						
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					••••				,		
	8. Nam	e and Address	of Current Registered Age	ent	9. Name and i			Address of New Registered Agent			
					Name						-
	RDS, ENRIC			Street Address (P			P.O. Box Number is Not Acceptable)				
ORLANDO FL 32805					Suite, Apt. #, Etc.						
						City	2-101 12		State	Zip Code	
lO. I, bein	g appointed the	registered ager	nt of the above named corpo	,			oligations of Section	on 607.0505, F.S.			
Signature d	of	Com	ie la Ki	iha	do			Date /0/	15/	0/	!

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10/15/0/ 407-422-6334