

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N24045

1. Corporation Name

ABUNDANT LIFE CHRISTIAN ASSEMBLY, INC.

Principal Place of Business

Mailing Address

343 NE 1ST AVE  
OCALA FL 34470  
US

1925 NW 60TH AVE.  
P.O. BOX ~~4280~~  
OCALA FL 34478  
US

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

1925 NW 60TH AVE.  
P.O. Box 3245  
OCALA, FL  
34478 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1987

5. FEI Number

59-2890422

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	YOUNG, JAMES M., JR.	1925 NW 60TH AVE	OCALA FL
SD	DICKERMAN, MARK	5636 NW 49TH PLACE	OCALA FL 34482
VD	GIBBS, MATTHEW	3331 NW 2ND AVE	OCALA FL 34475
TD	GREEN, HOWARD	44 ALMOND TRAIL	OCALA FL 34472

700023979937  
10/21/03--01107--003 \*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YOUNG, JAMES M., JR.  
1925 NW 60TH AVE.  
OCALA FL 34482

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*James M. Young, Jr.*  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

*Walter J. Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

CR2E040 (7/03)



## ABUNDANT LIFE CHRISTIAN ASSEMBLY

343 N.E. 1st Ave. --- P.O. Box 3245  
Ocala, FL 34478-3245

(352)622-5513 (352)622-5515



October 14, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Abundant Life Christian Assembly, Inc., Reinstatement

To Whom It May Concern:

Please be advised that we did not receive our notification for renewal. Our post office box number has changed (see application), and the new application was not forwarded to us. We apologize for the inconvenience, and have submitted our reinstatement form and filing fee.

Thank You for your Consideration,

James M. Young, Jr. - President  
Abundant Life Christian Assembly, Inc.