

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 27 PH 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N25525**

1. Corporation Name

**LIVING WATER CHURCH OF TAMPA, INC.**

Principal Place of Business

Mailing Address

6850 LIVING WATER PLACE  
TAMPA FL 33610

6850 LIVING WATER PLACE  
TAMPA FL 33610

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

03/21/1988

5. FEI Number

59-2852193

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
<del>POD</del>	<del>CLARK, RONALD H. DR</del> <i>Delete</i>	6850 LIVING WATER PLACE	TAMPA FL
<del>DR</del>	<del>CLARK, BELITA BELINDA</del> <i>Delete</i>	6850 LIVING WATER PLACE	TAMPA FL
<del>DR</del>	<del>MCCORD, MIKE</del> <i>Delete</i>	6850 LIVING WATER PL	TAMPA FL 33610
<del>POD</del>	MYER, MEL	3502 HENDERSON BLVD., #300	TAMPA FL 33688
			000024178220 10/27/03--01115--007 **175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<del>Delete</del> MCCORD, JENNIFER 6850 LIVING WATER PLACE TAMPA FL 33610	<i>Add</i> FRANCES JENNINGS 6850 LIVING WATER PL TAMPA, FL 33610	Name FRANCES JENNINGS Street Address (P.O. Box Number is Not Acceptable) 6850 LIVING WATER PLACE Suite, Apt. #, Etc. City TAMPA State FL Zip Code 33610
--	---	---

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

*Frances Jennings*  
REGISTERED AGENT MUST SIGN

Date

10/22/03

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:

*Frances Jennings*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03

Daytime Phone #

813  
670-4551

CR2E040 (7/03)