

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVAL
AND
FILED

05 APR 19 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N26012*

1. Corporation Name
CORPORATIONS
Rhema Word Ministries, Inc. (Document #N26012)

2. Principal Office Address
Inc. 4015 N. Cocoa Boulevard

Suite, Apt. #, etc.

City & State
Cocoa, FL

Zip
32927

Country
USA

3. Mailing Office Address
P.O. Box 1966

Suite, Apt. #, etc.

City & State
Cocoa, FL

Zip
32923

Country
USA

REINSTATEMENT *04-05*
MRS

4. Date Incorporated or Qualified
To Do Business in Florida 04/21/1988

5. FEI Number
1988 65-0051297

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Bishop Arnold L. Williams

Street Address (P.O. Box Number is Not Acceptable)
4015 N. Cocoa Boulevard

Suite, Apt. #, Etc.

City
Cocoa, FL

State
FL

Zip Code
32927

900054211459
05/10/05 01051 016 **300.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Arnold L. Williams
REGISTERED AGENT MUST SIGN

Date

4-14-05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/C	Bishop Thomas Chenault	4015 N. Cocoa Boulevard	Cocoa, FL 33927
D/T/S	Bishop Arnold L. Williams	4015 N. Cocoa Boulevard	Cocoa, FL 33927
D/V	Bishop Eddie Solomon	4015 N. Cocoa Boulevard	Cocoa, FL 33927
P/A-S	Rev. Antoinette Candy Williams	10187 Twin Lakes Drive	Coral Springs, FL 33071

10. 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:

Arnold L. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05
Date

(321)632-5660
Daytime Phone #

CR2E081 (01/05)