

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N28578**

1. Corporation Name

**LIFE-GIVING EVANGELISTIC MINISTRIES, INC. -- ABU  
NDANT LIFE CHURCH OF GOD IN CHRIST**

Principal Place of Business

Mailing Address

12124 WILDBROOK DR  
RIVERVIEW FL 33569  
US

P.O. BOX 2754  
BRANDON FL 33509-2754

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

09/28/1988

5. FEI Number

95-3986359

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BARNES, MATTHEW Q.	12124 WILDBROOK DR	RIVERVIEW FL 33569
D	WILDER, BESSIE	1906 GRACE STREET	TAMPA FL
D	BLACK, VERNIE FAYE	3208 COMANCHE AVE	TAMPA FL
D	STURGIS, ROBERT	4122 NASSAU ST W	TAMPA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILDER, BESSIE 100004717391--8  
12410/01--01112-002  
1906 GRACE STREET \*\*\*\*\*61.25 \*\*\*\*\*61.25  
TAMPA FL 33607

Name *Bessie Wilder*  
Street Address (P.O. Box Number is Not Acceptable)  
*1906 Grace St*  
Suite, Apt. #, Etc.

City *Tampa* State **FL** Zip Code **33607**

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

*Bessie Wilder*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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:

*Matthew Barnes*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10-16-01 (813) 672-6203*