

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN -5 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28745**

1. Corporation Name

LIVING WORD MINISTRIES INTERNATIONAL, INC

300104106343
06/08/07--01005--008 **297.50

REINSTATEMENT 06-07

04-03-07 CR2E081 (1/07) **80055 019 \$61.25**

2. Principal Office Address - No P.O. Box #

19691 SE 115th TERR

Suite, Apt. #, etc.

ATTN

City & State

DUNNELLON, FL

Zip

34431

Country

US

3. Mailing Office Address

**ATTN. DOREEN KRAIKER
19691 SE 115th TERR**

Suite, Apt. #, etc.

City & State

DUNNELLON, FL

Zip

34431

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

OCTOBER 7, 1988

5. FEI Number

59-2912625

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

MILBRODT, CHARLES

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

19691 SE 115th TERR

Suite, Apt. #, Etc.

City

DUNNELLON

State

FL

Zip Code

34431

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **5/2/7**

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	MILBRODT, CHARLES	910 W. GRAYTHORN PL.	TUCSON, AZ 85737
D	MILBRODT, CATHY	910 W. GRAYTHORN PL.	TUCSON, AZ 85737
D	LINDAUER, LEONARD	3582 N. HIGHLAND AVE	CLOVIS, CA 93619

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/7

Date

59-291-5697

Daytime Phone #

6/7/07