

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N33711**

1. Corporation Name

GOD'S LIVING WORD MINISTRIES INC.

Principal Place of Business

P.O. BOX 6132
P.O. BOX 526
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 6132
P.O. BOX 526
LAKE WORTH FL 33460

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 11:14



REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1989

5. FEI Number

65-0100406

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
TD	WOODARD, CARRIE	1535 DOUGLAS STREET	LAKE WORTH FL 33460
SD	DAVIS, ROSELYN	1513 SOUTH 15TH AVE	LAKE WORTH FL 33460
PD	DOLPHUS, GARY	7881 Pebble Beach Ct 2919 BOBSON WAY LAKE WORTH, FL 33461	DELRAY BEACH FL 33445
D	MOTLOW, TIMOTHY	PO Box 54241 15108-157 COURT NORTH LAKE WORTH, FL 33454	JUPITER FL 33478
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8. Name and Address of Current Registered Agent

DOLPHUS, GARY
7881 PEBBLE BEACH CT
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name
Carrie Woodard
Street Address (P.O. Box Number is Not Acceptable)
1535 Douglas St
Suite, Apt. #, Etc.

City
LAKE WORTH

State
FL

Zip Code
33460

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 **CARRIE WOODARD**

Date **10/16/01**

REGISTERED AGENT MUST SIGN

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: **CARRIE WOODARD / Carrie Woodard** 10/16/01 561-585-9232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (801)