

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 MAR -1 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

N36878

**1. Corporation Name**

LIVING FAITH CHURCH OF PUTNAM COUNTY, INC.

**2. Principal Office Address**

P O BOX 1218

Suite, Apt. #, etc.

City & State

PALATKA, FLORIDA

Zip

32178

Country

PUTNAM

**3. Mailing Office Address**

P O BOX 1218

Suite, Apt. #, etc.

City & State

PALATKA, FLORIDA

Zip

32178

Country

PUTNAM

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/27/1990

**5. FEI Number**

59-3026640

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

TED RODDA, JR.

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

2017 OAK STREET

Suite, Apt. #, Etc.

City

PALATKA

000003810440-2

03/01/01-01075-017

\*\*\*\*603.75 \*\*\*\*603.75

State

FL

Zip Code

32177

**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

*Ted Rodda Jr.*

REGISTERED AGENT MUST SIGN

Date 12-27-00

**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
PD	RODDA, TED A., JR.	2017 OAK STREET	PALATKA, FLORIDA 32177
T/D	WHITE, MARIESA	2101 OAK STREET	PALATKA, FLORIDA 32177
TR/D	RUSZKOWSKI, MICHAEL	715 MOSELEY AVENUE	PALATKA, FLORIDA 32177
TR/D	MASTERS, QUINCY	3015 CRILL AVENUE	PALATKA, FLORIDA 32177
TR/D	RODDA, TED SR.	210 S. PALM AVENUE	PALATKA, FLORIDA 32177
TR/D	MYERS, C.T.	910 HUSSON AVENUE	PALATKA, FLORIDA 32177

**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:**

*TED A. RODDA JR.*

12-27-00 904-325-3870