

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 30 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 39208

1. Corporation Name

FAMILY LIFE Worship Center Inc.
4725 NW 5th Ave
Deerfield Bch, FL 33464

Principal Place of Business

Mailing Address

REINSTATEMENT

99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1321 SW 10th Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/90

City & State

Deerfield Bch, FL

City & State

Same

5. FEI Number

65-0242648

Applied For
Not Applicable

Zip

33441

Country

US

Zip

Same

Country

Same

6. CERTIFICATE OF STATUS DESIRED

2

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Christopher E. Reed-PD	1321 SW 10th Ave	Deerfield Bch, FL 33441
V. Pres	Valorie Reed - VD	1321 SW 10th Ave	Deerfield Bch, FL 33441
Secretary	Alisa S. Williams - SD	1321 SW 10th Ave	Deerfield Bch, FL 33441

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Reed, Christopher E
1321 SW 10th Ave
Deerfield Bch, FL 33441

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Christopher E. Reed

REGISTERED AGENT MUST SIGN

Date

12/14/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Christopher E. Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/99

Daytime Phone

(954) 421-759