

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 -9 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39969

1. Corporation Name

Liberty United Assembly of
The Apostolic Faith INC

Principal Place of Business

Mailing Address

4088 N.W 167th Street WPI-24926
Miami FL 33054

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

REINSTATEMENT 91-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9-17-90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0213645

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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
Bishop	Wilcox Herman A D	18331 N.W. 43CT	Carol City FL 33055
Elder	Boone Samuel D D	2770 N.W 196th	Carol city FL 33056
SECT.	Austin Valerie LT	2786 N.W 193rd TER	Carol City FL 33056
DEC.	Wille H Johnson T	4001 N.W 190 St	Carol City FL 33055
			300003113783-6
			-01723700-01005-015
			****735.00 ****735.00

8. Name and Address of Current Registered Agent

Wilcox Herman A
18331 N.W 43CT
Carol City

9. Name and Address of New Registered Agent

Name: Valerie Austin
Street Address (P.O. Box Number is Not Acceptable)
2786 N.W 193rd TER
Suite, Apt. #, Etc.
City Carol City State FL Zip Code 33056

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

Valerie Austin
REGISTERED AGENT MUST SIGN

Date

10/14/99

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:

Valerie Austin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/99

Daytime Phone #

305 625 0752

KE