

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -9 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400161542274
10/09/09--01029--012 **358.75

REINSTATEMENT 07-09
GR2E081 (12/08)

DOCUMENT # N46514

1. Corporation Name

Abundant Life Community Church,
Incorporated

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

202 VANCOUVER Circle

Suite, Apt. #, etc.

3. Mailing Office Address

202 VANCOUVER Circle

Suite, Apt. #, etc.

City & State

Interlachen

City & State

FL

Zip

32177

Country

USA

Zip

32177

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

593 106697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

Wille C. Chambliss III

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

202 VANCOUVER Circle

Suite, Apt. #, Etc.

City

Interlachen

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

Wille C. Chambliss III

Date 9-30-09

REGISTERED AGENT MUST SIGN

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
Pres	Wille C. Chambliss III	202 VANCOUVER Circle	Interlachen, FL 32148
VP	Brenda M. Williams	122 Shadow Lawn St	Palatka FL 32177
Sec	Teral L. Peck	27 Woodstone Lane	Palm Coast, FL 32164
Treas	Marcus Peck III	27 Woodstone Lane	Palm Coast, FL 32164

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:

Brenda M. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/09

Date

Daytime Phone #

386-3252650

10/14/09