

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG -8 AM 11:49

DOCUMENT # N49268

1. Corporation Name

Living Water Network of Ministries

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

1312 Prince Rd.

3. Mailing Office Address

1312 Prince Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, Fl.

City & State

St. Augustine, Fl.

Zip

32086

Country

U.S.A.

Zip

32086

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/8/92

5. FEI Number

593131273

☐ 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

Ken Asplund

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

1312 Prince Rd.

Suite, Apt. #, Etc

City

St. Augustine

State

FL

Zip Code

32086

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

Ken Asplund

REGISTERED AGENT MUST SIGN

Date Aug 3-2011

200210844942
08/08/11--01046--005 **358.75

200210844942
08/08/11--01046--006 **8.75

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
<u>P/O</u>	<u>Ken Asplund</u>	<u>1312 Prince Rd.</u>	<u>St. Augustine, Fl. 32086</u>
<u>S/T</u>	<u>Hugo Morales</u>	<u>6091 Fernwood Ln.</u>	<u>St. Augustine, Fl. 32092</u>
<u>V.P.</u>	<u>Derrick Smith</u>	<u>6155 U.S. Hwy. 17 S.</u>	<u>Green Cove Springs, Fl 32043</u>
<u>D</u>	<u>Ronald Shidder</u>	<u>1044 Bluehill Dr. North</u>	<u>Jacksonville, Fl. 32218</u>

10. E-mail Address: Ken Asplund@hotmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ken Asplund

Ken Asplund

8-3-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/9