

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 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50097**

1. Corporation Name

BELIEVING FAITH OUTREACH, INC.

Principal Place of Business

Mailing Address

7520 SW 24TH AVE.
GAINESVILLE FL 32607
32607

7520 SW 24 AVE
GAINSEVILLE FL 32607
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1992

5. FEI Number

59-3141344

Applied For
Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD P/T/D VID FD	LOVELL STEVEN WILLIAM J. SHEETS	3702 NW 109TH TERR. 2076 N.W. 20TH LANE	GAINESVILLE FL GAINESVILLE FL 32605
VPD D	LOVELL MARY JANET C. SHEETS	3702 NW 109TH TERR. 2076 N.W. 20TH LANE	GAINESVILLE FL GAINESVILLE FL 321
	KIDWELL BRADLEY YVONNE RUTLER	3060 PELICAN PLACE 700 N.W. 24TH TERRACE	CLEARWATER FL GAINESVILLE FL 321

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*****236.25 ***236.25**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LOVELL STEVEN~~
~~7520 SW 24TH AVE~~
~~GAINSEVILLE FL 32607~~

Name
WILLIAM J. SHEETS
Street Address (P.O. Box Number is Not Acceptable)
7520 SW 24TH
Suite, Apt. #, Etc.
City
GAINESVILLE State
FL Zip Code
32607

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12.6.99**

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., 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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.6.99

Date

352.335.9999

Daytime Phone #