

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -4 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N50097

1. Corporation Name

BELIEVING FAITH OUTREACH, INC.

2. Principal Office Address

5321 NW 14TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 357422

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32607

Country

ALACHUA

Zip

32635

Country

ALACHUA

4. Date Incorporated or Qualified  
To Do Business in Florida

7-24-1992

5. FEI Number

59-3141344

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

WILLIAM J SHEETS

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

5321 NW 14TH AVE

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32605

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

*William J Sheets*

REGISTERED AGENT MUST SIGN

Date

11-20-03

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
P/D	WILLIAM J SHEETS	5321 NW 14TH AVE.	GAINESVILLE, FL 32605
V/D	JANET C SHEETS	5321 NW 14TH AVE	GAINESVILLE, FL 32605
T/D	WILLIAM D SHEETS	5321 NW 14TH AVE	GAINESVILLE, FL 32605

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 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:

*William J Sheets* WILLIAM J. SHEETS 11-20-03 331-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352)-

CR2E081 (10/02)

# *Living Water Worship Center*

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PO Box 357422 • Gainesville, Fl. 32635 • (352) 331-2525

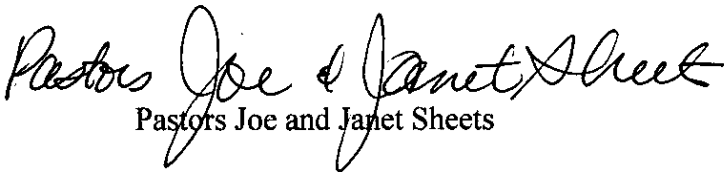
Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

November 22, 2003

~~To Whom It May Concern:~~

Enclosed please find our check in the amount of \$122.50 for two years of reinstatement plus \$8.75 for a certificate of status. As discussed when I called to ascertain the status of our corporation, the forms for reinstatement were returned to you undeliverable for the last two years. We had moved and it was not forwarded. Also is enclosed the reinstatement form.

Thank you for your assistance in this confusing matter.

  
Pastors Joe and Janet Sheets