

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -6 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50933

1. Corporation Name

Williams Memorial Church of the Living God

200164679362
01706/10-01009-001 **61.25

REINSTATEMENT 09

2. Principal Office Address - No P.O. Box #
1500 18th Avenue South

3. Mailing Office Address
P. O. Box 35302

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33705

Country

USA

Zip

33705

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 2/10/68

5. FEI Number
59-3722571

☐ 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

Dr. Joyce C. Williams Thomas

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

2230 Callexico Way South

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33712

☒ 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.

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

Dr. Joyce C. Williams Thomas
REGISTERED AGENT MUST SIGN

Date 12/28/2009

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	Dr. Joyce C. Thomas	2230 Callexico Way S	St. Petersburg, FL 33712
VP	Trustee Sander R.W. Myles	2221 Callexico Way S	St. Petersburg, FL 33712
T	Trustee Andrea J. Riley	2230 Callexico Way S	St. Petersburg, FL 33712
D	Mother Bernice Cummings	1200 23rd Street South	St. Petersburg, FL 33712

10. E-mail Address: Redfoxx813@msn.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., 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.

SIGNATURE:

Dr. J. C. Williams Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/09
Date

Daytime Phone #