

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 NOV - 6 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000734**

1. Corporation Name

**FOUNDATION FOR MISSION CHURCHES, INC.**

Principal Place of Business

% O.L. JACK WHITE  
3555 S. ATLANTIC AVENUE, #708  
DAYTONA BEACH SHORES FL 32127

Mailing Address

% O.L. JACK WHITE  
3555 S. ATLANTIC AVENUE, #708  
DAYTONA BEACH SHORES FL 32127



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/1992

5. FEI Number

59-3154839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	AYERS, R. T	7000 NICHOLS ROAD	OKLAHOMA CITY OK 73116
D	WELCH, BOBBY	291 PARRULLI DRIVE	ORMOND BEACH FL 32174
D	WHITE, JAMES (GENE)	416 W. OCEAN DUNES ROAD 3 John Below Circle	DAYTONA BEACH FL 32118 FLAGLER BEACH FL 32136
D	WHITE, O.L. JACK	3555 S. ATLANTIC AVENUE, #708	DAYTONA BEACH FL 32127
REINSTATEMENT '97 SCC 11-6-97			

8. Name and Address of Current Registered Agent

WHITE, O.L. JACK  
3555 S. ATLANTIC AVENUE  
SUITE 708  
DAYTONA BEACH SHORES FL 32127

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Applicable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/97)