

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000000674

1. Corporation Name

FIRE OF THE WORD WORLD OUTREACH FELLOWSHIP INC.

Principal Place of Business

5530 CATOMA ST  
#3  
JACKSONVILLE FL 32244  
US

Mailing Address

5530 CATOMA ST  
#3  
JACKSONVILLE FL 32244  
US

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

02/09/1993

5. FEI Number

59-3172007

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	4. City / State / Zip
DP	WILLIAMS, STANLEY M	3608 MORNING MEADOW LANE	ORANGE PARK FL 32073
DV	WILLIAMS, EUNICE D	3608 MORNING MEADOW LANE	ORANGE PARK FL 32073
DT	WALKER, GERALD	11314 MONUMENT LANDING BLVD	JACKSONVILLE FL
D	BONAPARTE, JAMES	4919 RIDGEWAY DRIVE EAST	JACKSONVILLE FL
DS	BONAPARTE, MELISSA	4919 RIDGEWAY DRIVE EAST	JACKSONVILLE FL 32210

8. Name and Address of Current Registered Agent

WILLIAMS, STANLEY M  
3608 MORNING MEADOW LANE  
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
Zip Code

600004741046-3  
-12/27/01-01035-013  
\*\*\*\*236.25 \*\*\*\*236.25  
FL

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

*Stanley Williams*  
REGISTERED AGENT MUST SIGN

Date

12/11/2001

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.

SIGNATURE:

*Stanley Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/2001

Daytime Phone #

AD

REINSTATEMENT



01 DEC 13 PM 4:00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CR2E040 (8/01)