

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N93000004140

1. Corporation Name

WORD ALIVE OUTREACH CHRISTIAN FELLOWSHIP INC.

Principal Place of Business

3806 E. UNIVERSITY AVENUE
GAINESVILLE FL 32602

US

Mailing Address

P.O. BOX 1211
GAINESVILLE FL 32602

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

Holiday Inn west
Gainesville Fla.
32605

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

09/08/1993

5. FEI Number

59-3213735

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
DP	LEE, JOHN D	4919 NE 2ND AVE	GAINESVILLE FL 32601
DV	LEE, VERNELL D	4919 NE 2ND AVE	GAINESVILLE FL 32601
DT	WALLACE, RHONDA M	105 S. FRANKLIN AVE	ARCHER FL 32618

0000002383780-0
-12/26/97-01103-007
****245.00 ****245.00

REINSTATEMENT 1997

G. Allen
12/19/97

8. Name and Address of Current Registered Agent

LEE, JOHN D
4919 NE 2ND AVE.
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name

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

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

John Dennis Lee
REGISTERED AGENT MUST SIGN

Date

12/15/97

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:

John Dennis Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/97 (352) 378-9281
Date Daytime Phone #