

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 # N93000004475

1. Corporation Name

IT'S HIS WILL CHURCH, INC.

Principal Place of Business

**224 E. BULLARD AVE.
LAKE WALES FL 33853**

Mailing Address

**174 FREEDOM DR
FROSTPROOF FL**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	SHAW, RAYMOND	174 FREEDOM DR.	FROSTPROOF FL
D	SHAW, LOIS Delete	174 FREEDOM DR.	FROSTPROOF FL
D	SHAW, JOSEPH	220 HOUSER RD	LAKE WALES FL 33853
D	SHAW, BETTY R	220 HOUSER RD	LAKE WALES FL 33853
D	SHAW, JIMMIE	P.O. BOX 3455 N/A	LAKE WALES FL 33859

8. Name and Address of Current Registered Agent

**SHAW, RAYMOND
174 FREEDOM DR
FROSTPROOF FL 33843**

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

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

Raymond Shaw

REGISTERED AGENT MUST SIGN

Date: **2-16-99**

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:

Raymond Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99

(941)638-3661



REINSTATEMENT

10/04/1993

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3227220

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/95)