

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

98 DEC 22 PM 12:21

**DOCUMENT # N94000001508**

1. Corporation Name

**FAITH COMMUNITY MISSIONARY CHURCH, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300002724783--9

-12/29/98--01047--008

\*\*\*\*\*236.25 \*\*\*\*\*236.25

Principal Place of Business

Mailing Address

FAITH COMMICION CHURCH  
724 ORTIZ AVE  
FT MYERS FL 33905  
US

3066 MICHAGAN AVE  
FT MYERS FL 33916



**REINSTATEMENT 98**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0478075

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status.

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
PD	GREEN, LUKE A	4811 ZANA DRIVE	FT MYERS FL 33901
SD	CHERRY, JOE	724 ORTIZ AVE.	FT MYERS FL
TD	PETERSON, JESSE	4982 GARY DRIVE	FT MYERS FL 33916
D	GREEN, JOSEPHINE H	4803 ZANA DR	FT MYERS FL
D	BLANKS, WAYNE	745 DELLENA AVE	FT MYERS FL 33905
D	PETERSON, VERA	4982 GARY DR	FT MYERS FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, WILLIE B  
3066 MICHIGAN AVE  
FT MYERS FL 33916

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

*Willie B. Green*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date *12-16-98*

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:

*Willie B. Green*  
**WILLIE B. GREEN PD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*12-17-98*  
*741 6942106*

CR2E040 (8/98)