

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
AND
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00 DEC -7 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 94000002251*

1. Corporation Name

*Living Waters Church
International, Inc.*

2. Principal Office Address

3402 E Apalachee Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

3402 E Apalachee Pkwy

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32311

Country

US

City & State

Tallahassee FL

Zip

32311

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/5/94

5. FEI Number

593244484

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KIRKLAND, J. Phillip REV.

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

Rt 2 Box 2210

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Rev. J. Phillip Kirkland

REGISTERED AGENT MUST SIGN

Date

12/7/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P C	<i>Kirkland, J. Phillip Rev</i>	<i>Rt 2 Box 2210</i>	<i>Tallahassee FL 32311</i>
S T D	<i>KELLY, BELINDA</i>	<i>6230 Anniedora Lane</i>	<i>Tallahassee FL 32311</i>
D	<i>Thomberlin, Don Rev</i>	<i>3402 E Apalachee Pkwy</i>	<i>Tallahassee FL 32311</i>
D	<i>Johnson, John Rev</i>	<i>3402 E Apalachee Pkwy</i>	<i>Tallahassee FL 32311</i>
D	<i>Smith, Don Rev.</i>	<i>3402 E Apalachee Pkwy</i>	<i>Tallahassee FL 32311</i>
D	<i>Mac Kelly</i>	<i>6230 Anniedora Lane</i>	<i>Tallahassee FL 32311</i>

10. 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:

Rev. J. Phillip Kirkland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/00

Date

850/942-1505

Daytime Phone #

CR2E081 (9/99)