

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 25 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002336

1. Corporation Name

CHRISTIAN LIBERTY CHURCH, INC.

Principal Place of Business

Mailing Address

5495 CLARCONA-OCOEE ROAD
ORLANDO FL 32801

5495 CLARCONA-OCOEE ROAD
ORLANDO FL 32801

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1994

5. FEI Number

59-3238506

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. State
D	ROWE, NANCY	17 CELIA LANE	ORLANDO FL 32803
PD	HOAG, JASON	705 OSPREY NEST POINT 894 LIECRIA DR.	ORLANDO FL 32773
STD	WOLFE, ROBERT	601 SPRING VALLEY ROAD	ALTAMONTE SPRINGS FL 32714
STD	Paul Triller	100 NOK HILL CIR.	LONGWOOD FL 32725
VD	GEORGE, HOWARD	836 LASALLE AVE	ORLANDO FL
D	ANDREWS, ROB	1020 E. WOODLAND STREET	ORLANDO FL
VD	Nathan Horst	1707 MORA	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLFE, ROBERT A.
601 SPRING VALLEY RD
ALTAMONTE SPRINGS FL 32714

Name
Jason Hoag
Street Address (P.O. Box Number is Not Acceptable)
894 Liecra Dr.
Suite, Apt. #, Etc.

City
Orlando
State
FL
Zip Code
32761

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

Date 10-17-99

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-99 291-4446
Date Daytime Phone #