

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenaa E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 27 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N94000002431

1. Corporation Name

RIVERS OF LIFE MINISTRIES: CONTINUING WORK OF JE  
SUS CHRIST, INC.

Principal Place of Business

Mailing Address

3803 N.E. 11TH TERRACE  
GAINESVILLE FL 32609  
US

3803 N.E. 11TH TERRACE  
GAINESVILLE FL 32609  
US



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 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

05/11/1994

5. FEI Number

59-3293860

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 City / State / Zip
DP	WILLIAMS, ERNEST C	3803 N.E. 11TH TERRACE	GAINESVILLE FL 32609
DV	WILLIAMS, EULA M	1503 S.E. 13TH PLACE	GAINESVILLE FL 32609
DS	WILLIAMS, JANET	3803 N.E. 11TH TERRACE	GAINESVILLE FL 32609
DT	HEAD, MARY	1312 NE 28TH AVE.	GAINESVILLE FL
DC	THAMES-LAMAR, Monica A.	1810 NW 23RD BLVD # 234	Gainesville, FL 32605

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, ERNEST C REV.  
3803 N.E. 11TH TERRACE  
GAINESVILLE FL 32609

Name

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

700025812087

Suite, Apt. #, Etc.

12/29/03-01045-012-44236.25

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Ernest C. Williams*  
REGISTERED AGENT MUST SIGN

700025812087  
02/26/04-01020-012-4461.25

Date 1-13-04

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)(f), 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:

*Monica A. Thames-Lamar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rec 5, 2003 352 316-0522 WK  
352 316-4371 HP

CR2E040 (7/03)