

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JAN 12 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

N94000004972

1. Corporation Name

THE RIVERS OF LIVING WATER MINISTRIES OF  
LAUDERDALE LAKES, FLORIDA, INC.

2. Principal Office Address

701 S. State Road 7

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Zip

33317

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/1994

5. FEI Number:

65-0512823

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

Eluett, Phyllis Y.

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

3965 NW 37th Terrace

Suite, Apt. #, Etc.

City

Lauderhill

State  
FL

Zip Code  
33319

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

*Phyllis Eluett*

REGISTERED AGENT MUST SIGN

Date 12/15/00

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
Pres.	Frank Eluett	3965 NW 37th Ave.	Lauderdale Lakes, FL 33309
VPres.	Phyllis Eluett	3965 NW 37th Ave.	Lauderdale Lakes, FL 33309
Treas.	James Daley	5970 NW 42nd Ave.	Ft. Lauderdale, FL 33319
			KE

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:

*Henry F. Eluett*

Henry F. Eluett, Dir.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-00 (954) 485-6561