

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 12:52

DOCUMENT # N95000000200

1. Corporation Name

BUD WILLIAMS MINISTRIES, INC.

Principal Place of Business

500 WINDERMERE DRIVE
LAKELAND FL 33809

Mailing Address

500 WINDERMERE DRIVE
LAKELAND FL 33809



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1995

5. FEI Number

59-3299854

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LUTZ, PAUL	2921 GANT QUARTERS CIR	MARIETTA GA 30068
D	LUTZ, CAROL	2921 GANT QUARTERS CIR	MARIETTE GA 30068
D	TUCKER, VIVIAN	105 RIVERDALE N	TUSCALOOSA AL 35406
ST	WILLIAMS, FRANCES H	500 WINDERMERE DR.	LAKELAND FL 33809
			600004655336--2 -10/26/01--01067--023 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

WILLIAMS, REV. HUGH E III
500 WINDERMERE DRIVE
LAKELAND FL 33809

9. Name and Address of New Registered Agent

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

Hugh E Williams
REGISTERED AGENT MUST SIGN

Date 10/10/01

AD

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:

Frances H Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/01

863-854-9296
Date Daytime Phone #