PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 DEC -3 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000002567**

1. Corporation Name
HEALING WATERS WORSHIP CENTER, INC.

Principal Place of Business
321 PINE SHADOW LANE
LAKE MARY FL 32795

Mailing Address
321 PINE SHADOW LANE
LAKE MARY FL 32795

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: 05/31/1995

5. FEI Number: 59-3319844 | 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LANE, BRIAN K	615 WEYBRIDGE COURT	LAKE MARY FL 32746
VD	LANE, OLIVIA G	615 WEYBRIDGE COURT	LAKE MARY FL 32746
D	DODSON, CARL	P.O. BOX 952454 N/A	LAKE MARY FL 32795

REINSTATEMENT 12/3/97

800002366858--7
-12/09/97--01061--008
****236.25 ****236.25

8. Name and Address of Current Registered Agent
LANE, BRIAN K
~~615 WEYBRIDGE COURT~~ 321 Pine Shadow Lane
LAKE MARY FL 32746

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: Brian K. Lane
REGISTERED AGENT MUST SIGN

Date: Nov. 25, 1997

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Brian K. Lane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 25, 1997 (407)333-0600
Date | Daytime Phone #

CP2E040 (8/97)