

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 MAR -9 AM 11:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N96000001762

1. Corporation Name

LANDMARK OUTREACH VICTORY ECCLESIASTICAL, INC.

Inc. Church

Principal Place of Business

4427 COUNTRY CLUB DRIVE
 ORLANDO FL 32808

Mailing Address

P O BOX 680976
 ORLANDO FL 32868
 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 *98-99*

4. Date Incorporated or Qualified To Do Business in Florida

04/02/1996

5. FEI Number *54-3484883*

Applied For

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
D	CLAY, FRANK	4427 COUNTRY CLUB DRIVE	ORLANDO FL 32808
D	CLAY, ORA LEE	4427 COUNTRY CLUB DRIVE	ORLANDO FL 32808
D	MCCREE, CORNELIA	4427 COUNTRY CLUB DRIVE	ORLANDO FL 32808
D	PERSAUD, KRIS	4938 W COLONIAL DR #7	ORLANDO FL
D	JUAN A. IBANEZ, M.D.	4123 S. ORANGE BLOSSOM TRAIL	ORLANDO 32809
D	DUY THAY SIU KHENG	11023 GROVE VIEW WAY	SANFORD FL 32773

8. Name and Address of Current Registered Agent

CLAY, FRANK
 4427 COUNTRY CLUB DRIVE
 ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800002799378--3

03/03/99--01063--000

*****61.25 *****61.25

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

800002799378--3

03/03/99--01061--001

****315.00 ****245.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22, 1999 407-297-9666
 Date Daytime Phone #