

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 Jun 20 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DOCUMENT # 7196000001762

1. Corporation Name

Landmark Outreach Victory Ecclesiastical
Inc. church

2. Principal Office Address

4427 Country Club Dr

Suite, Apt. #, etc.

City & State

Orlando, Fla.

Zip

32808

Country

3. Mailing Office Address

1510 W. Michigan St.

Suite, Apt. #, etc.

City & State

Orlando, Fla.

Zip

32805

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3484883

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Clay, Frank

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

4427 Country Club Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

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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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|---------------------|
| P.D. | Clay, Frank | 4427 Country Club Dr. | Orlando, Fla. 32808 |
| V.P.D. | Clay, Ora Lee | 4427 Country Club Dr. | Orlando, Fla. 32808 |
| S.D. | Clay, Lena medical specialist | 4427 Country Club Dr. | Orlando, Fla. 32808 |
| M.S. | Ibanez, Juan A. M.D. | 4123 S. orange blossom Trail | Orlando, Fla. 32809 |
| | | | |
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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:

FRANK LEE CLAY

[Signature]

Date

5-21-02

Daytime Phone #

407-648-2234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)