

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

FILED

02 APR 22 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002899

1. Corporation Name

INTERNATIONAL CONGRESS OF LOCAL CHURCHES, INC.

**REINSTATEMENT 99-02**

2. Principal Office Address

5746 MARLIN RD

Suite, Apt. #, etc.

SUITE 500

City & State

CHATTANOOGA, TN

Zip

Country

37411-5679 USA

3. Mailing Office Address

5746 MARLIN RD

Suite, Apt. #, etc.

SUITE 500

City & State

CHATTANOOGA, TN

Zip

Country

37411-5679 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/96

5. FEI Number

62-0677701

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

CHITWOOD, H. MICHAEL

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

3001 N.E. 19TH STREET

Suite, Apt. #, Etc.

600005432058 -- 3

-05/03/02--01007-002

\*\*\*\*420.00 \*\*\*\* 19.75

City

FT LAUDERDALE

State

FL

Zip Code

33305

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

*Michael Chitwood*

Date 04/17/02

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	MEARES, DON	13901 CENTRAL AVENUE	UPPER MARLBORO MD 20778
T/D	CHITWOOD, H. MICHAEL	3001 N.E. 19TH STREET	FT. LAUDERDALE, FL 33305
VP/D	BOB ANTHONY	8400 COWAN AVE	BOWIE, MD 20720

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/02

Date

423.892.4882

Daytime Phone #

CR2E081 (9/00)