PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

SINGRAPORATIONS

APPLICATION FOR REINSTATEMENT



Secretary of State

DIVISION OF CORPORATIONS

00 AUG - 1 PM 1: 26

DOCUMENT # N96000004347

1. Corporation Name

LIVING FAITH SOUTHERN BAPTIST CHURCH OF CRESTVI EW, FLORIDA, INC.

Principal Place of Business

Mailing Address

807 W JAMES LEE BLVD CRESTVIEW FL 32536

807 W JAMES LEE BLVD CRESTVIEW FL 32536



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If above addresses are incorrect in any way, line through incore. 2. New Principal Office Address, If Applicable 3. New					dress, If Applicable	Date Incorporated or Qualified To Do Business in Florida OR (40 (40 0))			
Suite, Apt. #, etc. Suite, Ap				, etc.		5. FEI Numbe	08/19/1996 5. FEI Number Applied For		
City & State City & State							59-2919139	Not Applicable	
Zip Country Zip			Zip		Country	6. CERTIFICA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and	/or Director (Flo	nida nonprofit	corporations must list at l	least 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
PD	WRIGHT, WENEDLL ! David Perris			148 JONES RE			CRESTVIEW FL 32536		
SD	Lance Yow			2456 KINGSTON AD- 4693 SUMMENTIME dr.			GRESTVIEW FL 32586 HOLT, FL, 32564		
VD	BURGAN, OSCAR			725 E PINE AVE			CRESTVIEW FL 32539		
		REINSTAI	EME	98-00			000033579997		
				LA	J 8-25	-00	-08/15/0001 ****402.50	039022 ****358.75	
8. Name and Address of Current Registered Agent						9. Name and	Name and Address of New Registered Agent		
Name						d pe-	d Pettis		
200	HT, WENDEL		وجمعتها أأمس	• : 		Street Address (P.O. Box Number is Not Acceptable)			
•	V JAMES LEI TVIEW FL 32					Suite, Apt. #, Etc.			
<u>.</u>					Chest	View	State FL	Zip Code 32536	
	\sim	e registered agent of the ab	ove named corp						
Signature (Registered	of Agent	will Hilly	EGISTERED AC		QUIRED BIGN	<u></u>	Date <u>7/16/00</u>		
	tangible	ration owes or h Personal Prope		June 3	0. Yes L] No []	(See other side on intang		
this rein ⊶owed b	nstatement apport	officer or director or the rece plication, the reason for diss	olution has been names of individ	mpowered to one eliminated, the duals listed on	he corporate name satisfic this form do not qualify for	es the requirement or an exemption u	hapter 607 or 617, F.S. I further of ts of section 607,0401 or 617,040 nder section 119,07(3)(i), F.S. Th)1, F.S., that all fees	