

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008697494

10/30/02--01048--018 **61.25

DOCUMENT # N96000006457

1. Corporation Name

LIVING WATER GOSPEL MINISTRIES, INC.

Principal Place of Business

702 GULF BEACH HWY
PENSACOLA FL 32507

Mailing Address

P.O. BOX 9257
PENSACOLA FL 32513-9257
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

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	DEAN, DEBORAH L	7140 PININSULA DR.	PENSACOLA FL 32526
TT	THOMPSON, EBONY	12457 AIRBLANC CIR., #PD	PENSACOLA FL 32506
VT	DIXON, SHANNON	510 FRISCO RD.	PENSACOLA FL 32507
S	LANG, TORI	4350 FAIRFIELD DR	PENSACOLA FL 32503
D/T	Davis-Johnson, Michelle	3955 BONWAY DR, Pett	Pensacola, FL 32504

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEAN, DEBORAH L BISHOP
7140 PENINSULA DR.
PENSACOLA FL 32526

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. or 617.0505, F.S.

Signature of
Registered Agent

DEBORAH L BISHOP
REGISTERED AGENT MUST SIGN

Date

10-22-02

11. 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:

MICHELLE DAVIS-JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

(850) 494-7076
Daytime Phone #

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

Re: N96000006457
Living Water Gospel Ministries Inc

We received this notice that our incorporation had been dissolved because of failure to receive our annual report/uniform business report.

We did not received an annual report for this year to fill out and return. As you can see from the past we have submitted every report to you and this is the first time this has happen.

I do not know or understand what happen, but please reinstate our corporation without the penalty.

Enclosed is our application for reinstatement along with our fee to file the report.

Sincerely yours,


Michelle Davis-Johnson
Officer of board/Treasurer