

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -9 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006579

1. Corporation Name

MARION OAKS ASSEMBLY OF GOD, INC.

Principal Place of Business

13977 SW 32ND TERRACE ROAD
OCALA FL 34473

Mailing Address

13977 SW 32ND TERRACE ROAD
OCALA FL 34473

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

99

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1996

5. FEI Number

59-2929293

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
AD	ADAMS, J W	17320 SW 27TH COURT RD	OCALA FL 34473
T	PRATHER, PAT	4471 SW 160TH LOOP	OCALA FL
B	PRATHER, LEE	4471 SW 160TH LOOP	OCALA FL 34473
D	WILLS, RUDOLPH	3120 SW 173RD ROAD	OCALA FL 34473
D	FRENCH, EGBERT	15169 SW 48TH AVE.	OCALA FL 34473
D	VANDELINDER, DAN MIKE COLON	8263 SW 106TH ST 13517 SW 40TH CIR	OCALA FL 34473

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADAMS, J W
17320 SW 27TH COURT RD
OCALA FL 34473

Name

Street Address (P.O. Box Number) 33000000107492-3

-01/24/00--01011--015

Suite, Apt. #, Etc.

****245.00 ****245.00

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.

Signature of
Registered Agent

J. W. Adams
REGISTERED AGENT MUST SIGN

Date 11/12/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. W. ADAMS

11/12/99

Date

352-347-3001

Daytime Phone #

KE