

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -1 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000424

NOT FOR PROFIT

1. Corporation Name

LAYMEN FOR RELIGIOUS LIBERTY MINISTRIES, INC.

Principal Place of Business

5035-N. Hwy. 17-
DeLeon Springs, FL 32023

Mailing Address

c/o Edward M. Livingston, Esq.
P.O. Box 1599
Winter Park, FL 32790

* If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

218-B E. New York
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

c/o Edward M. Livingston, Esq.
Suite, Apt. #, etc.
P.O. Box 1599

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1997

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State
Deland, FL

City & State

Winter Park, FL

Zip

32724

Country

US

Zip

32790

Country

US

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D / P	Mould, David E.	1414 McGregor Rd.	Deland, FL 32720
D/S/T	Mould, Jasmin J.	1414 McGregor Rd.	Deland, FL 32720
D	Mould, Marc A.	1414 McGregor Rd.	Deland, FL 32720
			200003245032-00
			-05/09/00 --01099--007
			****358.75 ****358.75

8. Name and Address of Current Registered Agent

Mould, David E.
5035-N. Hwy. 17
DeLeon Springs, FL 32023

9. Name and Address of New Registered Agent

Name Edward M. Livingston, Esq.

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

628 Ellen Dr.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

Edward M. Livingston

REGISTERED AGENT MUST SIGN

Date

4/25/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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
DAVID E. MOULD, Director/President

Date

4/26/00

Daytime Phone #

904-985-6141

KE

CP2E081 (12/98)