

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 20 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006480

1. Corporation Name

Word of Life Fellowship Church Inc.

2. Principal Office Address

400 Peachtree St.

3. Mailing Office Address

400 Peachtree Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, Florida

City & State

DeLand, Florida

Zip

32724

Country

Volusia

Zip

32724

Country

Volusia

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/18/97

5. FEI Number

59-3492433

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

Joie W. Crane

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

1895 E. Graves Avenue (mail goes to PO Box 741147)

Suite, Apt. #, Etc.

City

Orange City

State
FL

Zip Code
32774

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

Joie W. Crane
REGISTERED AGENT MUST SIGN

Date

9/15/04

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/O/T | Arnold Lee Coleman | 400 Peachtree Street | DeLand, FL 32724 |
| V/O/S | Annie Britt Bailey | 327 W. Walts Avenue | DeLand, FL 32720 |
| D | Mamie Richardson | 1500 Periwinkle Ave | DeLand FL 32724 |
| D | Sandra Rutledge | 422 Primrose Circle | DeLand, FL 32724 |
| | | | |
| | | | |

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)(l), 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:

Arnold Lee Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/04
Date

775-0940
Daytime Phone #

CR2001 (01/04)