

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N98000002112

1. Corporation Name

FAITH FELLOWSHIP WORLD OUTREACH MINISTRIES, INC

Principal Place of Business

Mailing Address

11421 Longwater Chase CT  
FT. MYERS FL 33908

5746 MARLIN RD  
SUITE 500  
CHATTANOOGA TN 37411-4061  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/1998

5. FEI Number

65-0827752

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
D	DEMOLA, DAVID T REV.	11421 Longwater Chase Court	FT. MYERS FL 33908
D	NATALE, LEO S	11469 OSPREY LANDING WAY	FT. MYERS FL 33908
D	DEMOLA, DIANE	11421 Longwater Chase Court	FT. MYERS FL 33908
			9000004447439--4 06/27/01 01043 023 ***297.50 ***297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEMOLA, DAVID T REV.

11421 Longwater Chase Court  
FT. MYERS FL 33908

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.

Signature of  
Registered Agent

*Signature of David T. Demola*

Date 3/26/01

REGISTERED AGENT MUST SIGN

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 of David T. Demola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/01 732-727-9500

FILED

01 JUN 18 PM 6:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-01