

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99 ARS
 REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV 22 PM 4:52

DOCUMENT # **N98000003764**

1 Corporation Name

LIVING WORD FELLOWSHIP CENTER, INC.

Principal Place of Business

Mailing Address

20631 NW 37TH COURT
 MIAMI FL 33055

20631 NW 37TH COURT
 MIAMI FL 33055



If above address does not differ in any way, tick through correct information and enter correction below

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. <i>20631 NW 37th</i>	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. <i>20631 NW 37th</i>	4. Date Incorporated or Qualified To Do Business in Florida 06/22/1998
City & State <i>Miami Fla</i>	City & State <i>Miami Fla</i>	5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <i>33055</i>	Zip <i>33055</i>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
	MARY BROWN <u>D</u> <i>Everything same as before</i>	2050 N.W. 68th St MIAMI, FL 33147	MIAMI FL 33147
	TYRON BROWN <u>D</u>	2050 N.W. 68th St	MIAMI, FL 33147
	LAMAR BROWN <u>D</u>	20630 NW 37th	MIAMI, FL 33055

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHILLIPS, TONY
 20631 NW 37TH COURT
 MIAMI FL 33055

Name *Tom Phillips*
 Street Address (P.O. Box Numbers Not Acceptable) *20631 NW 37th*
 Suite, Apt. #, Etc.
 City *Miami Fla* State **FL** Zip Code *33055*

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 *Some as before*
 REGISTERED AGENT MUST SIGN

Date

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: *Tom Phillips*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/99 *at 305 621-4757*
at 305 582-5385

In Reply & My Concern

This is not a reinstatement process
a renewal of license due to
the fact I never received a response
Nee Collee Pres Agency & was instructed
to make this statement in writing.

Sincerely

Erny Phillips
10/13/99

It was also advised to send renewal
fee & Certificate of of Status.