

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N98000003764

99 NOV 22 PM 4:52

1. Corporation Name

LIVING WORD FELLOWSHIP CENTER, INC.

Principal Place of Business

20631 NW 37TH COURT
MIAMI FL 33055

Mailing Address

20631 NW 37TH COURT
MIAMI FL 33055



If above address is not correct in any way, list through the correct information and enter correction below.

2. New Business Office Address, If Applicable

Suite, Apt. #, etc.
City & State
Zip
Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida

06/22/1998

5. FEI Number

☒ 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)

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 D	2050 N.W. 68th St MIAMI, FL 33147	MIAMI FL 33147
	EVERYTHING SAME AS BEFORE		800003060878-2 12/06/99-01006-006 *****70.00 *****70.00
	TYRON BROWN D	2050 N.W. 68th St	MIAMI, FL 33147
	LAMAR BROWN D	20630 NW 37th St	MIAMI, FL 33055

8. Name and Address of Current Registered Agent

PHILLIPS, TONY
20631 NW 37TH COURT
MIAMI FL 33055

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers Not Acceptable)
Suite, Apt. #, Etc.
City
State
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Explain & My Concern

This is not a reinstatement means
a renewal of license due to
the fact I never received a renewal
fee. Called Mrs. Lang & was instructed
to make this statement in writing.

Sincerely

Ernest Phillips
10/13/99

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