

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10/2

APPLICATION
FOR



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

FILED

00 DEC 29 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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

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
D	BROWN, MARY	2050 NW 63 STREET	MIAMI FL 33147
D	BROWN, TYRONE	2050 NW 63 STREET	MIAMI FL 33147
D	BROWN, LEONARD <i>deborah Phillips</i>	20630 NW 37 CT <i>20631 NW 37 CT</i>	MIAMI FL 33055 <i>Miami FL 33055</i>

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01/11/01-01013-001

*****1.25 *****1.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHILLIPS, TONY
120631 NW 37 CT
MIAMI FL 33055

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Tony Phillips
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/28/00

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:

Tony Phillips
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/00

CR2E040 (8/00)

- Please Do Not Remove -

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From: Living Word Fellowship

To: The Florida Department of
State

I called on 10/30/2000
AND spoke to someone their
in the Department AND
told them we did not
receive these papers until now
they told me to write a letter
FOR this and send check.

Thank you please Renew our
papers

We will make sure you get
them in time But we did
not get them this time until
now I don't know what happen
to them or postman put
them some where else.

THANKS
Living Word Fellowship