

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 MAY 15 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1999000002538**

1. Corporation Name

Living Word Family Church, Inc
7402000008914

2. Principal Office Address

519 West Street

Suite, Apt. #, etc.

3. Mailing Office Address

519 West Street

Suite, Apt. #, etc.

City & State

Naples

City & State

FL

Zip

34108

Country

Collier

Zip

34108

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 22, 1999

5. FEI Number

59-3534712

☒ 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

Rev. Paul Foslien

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

510 3rd Street SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

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

REGISTERED AGENT MUST SIGN

Date

3-12-02

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
PD	Rev. Paul Foslien	510 3rd St. SW	Naples, FL 34117
D	Rev. Maria Foslien	510 3rd St. SW	Naples, FL 34117
D	Rev. James M. Hammond	9201 75th Ave. North	Brooklyn Park, MN 55442

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)(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

PAUL FOSLIEN

Date

3-12-02 941-596-0446

Daytime Phone #

CR2E081 (9/01)