

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN 26 PM 3: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006102

1. Corporation Name

LAMB OF GOD MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

16341 SW 114TH COURT  
MIAMI FL 33157

16341 SW 114TH COURT  
MIAMI FL 33157

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



REINSTATEMENT

00-09

4. Date Incorporated or Qualified  
To Do Business in Florida

10/11/1999

SP

5. FEI Number

65-0952793

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
PD	WATSON, DOUGLAS	16341 SW 114TH COURT	MIAMI FL 33157
SD	SMILEY, IDENA (delete)	950 NW 95TH STREET, #506	MIAMI FL 33150
TD	CRAWFORD, ANNETTE (change to SD)	1820 SW 98TH TERRACE	MIRAMAR FL 33025
SD	CRAWFORD, Annette	1820 SW 96th terrace	Miramar, FL 33025
TD	Currie, Daniel (add)	16341 SW 114th court	Miami, FL 33157
VPD	Watson, Derrolyn (add)	16341 SW 114th court	Miami, FL 33157

8. Name and Address of Current Registered Agent

WATSON, DOUGLAS  
16341 SW 114TH COURT  
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500003661255-9

-02/03/01--01033--007

\*\*\*\*297.50 \*\*\*\*297.50

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

*Douglas Watson*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 1-23-01

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.

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

SIGNATURE:

*Douglas Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01

Date

(305) 251-2072

Daytime Phone #

CR2E040 (8/00)