

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N99000006118

1. Corporation Name

WILLIE ALSCHEN INTERNATIONAL EVANGELISTIC MINIS
TRY, INC.

Principal Place of Business

Mailing Address

2452 BEL-AIR CIRCLE
KISSIMMEE FL 34743

2452 BEL-AIR CIRCLE
KISSIMMEE FL 34743



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

34743-0471 USA

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 | ALSCHEN, WILLIE | 2452 BEL-AIR CIRCLE | KISSIMMEE FL 34743 |
| D | ALSCHEN, MARK | 2452 BEL-AIR CIRCLE | KISSIMMEE FL 34743 |
| D | WRIGHT, CHARRISSA | 7303 WOODHILL PARK, APT. 533 | ORLANDO FL 32808 |
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900003473679--4
-11/22/00--01007--006
*****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALSCHEN, WILLIE
2452 BEL-AIR CIRCLE
KISSIMMEE FL 34743

Name

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

Suite, Apt. #, Etc.

City

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

Willie Alschen

Date 11-1-00

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

Willie Alschen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-00

Date Daytime Phone #

CR2E040 (8/00)

2082

WILLIE ALSCHEN INTERNATIONAL EVANGELISTIC MINISTRY, INC.
P. O. BOX 430471
KISIMMEE, FLORIDA 34743-0471

October 31, 2000

Department of State
Division of Corporation
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

Re: Willie Alschen International Evangelistic Ministries, Inc.
Document N99000006118
Notice of Dissolution or Revocation

Dear Sir/Madam:

This acknowledges receipt of your notice of revocation for the above referenced non-profit corporation.

The form indicated that two notices were sent to me, however, I did not receive any of these notices, which may be due to a change of address.

Enclosed is a check for \$61.25, with a request to waive the reinstatement fee. We are a small Ministry with limited funds and it would be a hardship for us at this time.

Your corporation in this matter is appreciated.

Sincerely,



Willie Alschen