

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 OCT 13 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 99 00000 6431

1. Corporation Name

The Lord Is Here, Inc.

2. Principal Office Address

3536 NW 8th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4103 NW 26th Dr

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32605

Country

USA

Zip

32605

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3606138

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

Albert Etheridge JR.

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

3600 SW 20th Ave #5

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607-4439

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

10-9-04

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
D	Albert Etheridge JR	3600 SW 20th Ave #5	Gainesville FL 32607
D	Norma Kuhr	4103 NW 26th Dr	Gainesville FL 32605
D	Marie PDK	P.O. Box 307	Starke FL 32091

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

Albert Etheridge JR 10-9-04

Date

Daytime Phone #

352-35-1200

CFR2E081 (01/04)

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