

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**APPLICATION FOR REINSTATEMENT**

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

FILED

01 JAN 19 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000007039**

1. Corporation Name  
**SOUTHWEST ORLANDO CHRISTIAN FELLOWSHIP, INC.**

Principal Place of Business Mailing Address  
**7206 MANDARIN DRIVE ORLANDO FL 32819**



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 <b>11/29/1999</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Director)	Michael J. Lewis	7206 Mandarin Drive Orlando, FL 32819	Orlando, FL 32819
T (Trustee)	Tonya Kindell	7206 Mandarin Drive	Orlando, FL 32819
T (Trustee)	Joannie Braswell	7218 Mandarin Drive	Orlando, FL 32819
9000003618329--2 -02/01/01--01009--015 *****61.25 *****61.25			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LEWIS, MICHAEL J 7206 MANDARIN DRIVE ORLANDO FL 32819		Name Street Address (P.O. Box Number is Not Allowed) Suite, Apt. #, Etc. City State <b>FL</b> 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 *Michael J. Lewis* **SIGNATURE REQUIRED** Date **12/31/00**  
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.

**SIGNATURE:** *Michael J. Lewis* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **12/31/00** Daytime Phone # **(407) 240-2422**  
**Ext. 1136**

CR20040 (8/00)

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**Southwest Orlando Christian Fellowship, Inc.  
7206 Mandarin Drive  
Orlando, FL 32819**

**Dear Department of State:**

**We are writing this to request a waiver of the reinstatement fee. We received a request for a correction of our annual report. We corrected it to the best of our knowledge but it come back for another correction. This time I called your office to be sure.**

**I was told by someone in your office that the "second request" was not uncommon and not to worry about it. We continued as normal until we got the notice of dissolution. Then I called again to explain the problem and was told to write. We have tried three times to comply. Please waive the fee and reinstate our corporation to active status. Your understanding is appreciated.**

**Sincerely,**

A handwritten signature in black ink, appearing to read "Michael J. Lewis", written over a horizontal line.

**Michael J. Lewis, President**