

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -4 AM 11:08

DOCUMENT # *N 99000007179*
1. Corporation Name *The Word of God / unity of God
Outreach, ~~Inc~~ Program, Inc.*

2. Principal Office Address

215 Hwy 17 North

Suite, Apt. #, etc.

Palatka, FL

City & State

Palatka FL

Zip *32177*

Country

US

3. Mailing Office Address

P.O. Box 697

Suite, Apt. #, etc.

City & State

Palatka Florida

Zip

32178

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1-6-2002

5. FEI Number

59-3611991

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

Mary L. Thomas

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

402 W. Pine St

Suite, Apt. #, Etc.

City

Palatka

State

FL

Zip Code

32178

100015331491

04/07/03-01011-001 **249.00

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

Mary L. Thomas
REGISTERED AGENT MUST SIGN

Date

4/4/03

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
P/D	<i>Mary L. Thomas</i>	<i>402 W. Pine St.</i>	<i>Palatka, FL-32177</i>
V/D	<i>Frankie Mae Davis</i>	<i>406 W. Pine St.</i>	<i>Palatka FL-32177</i>
T/D	<i>Maggie Huggins</i>	<i>433 Boea St.</i>	<i>Bumell, FL 32104</i>

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:

Mary L. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/03

Daytime Phone #

386-328-1930

CR2E081 (10/02)