PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 JUL 29 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 AR

DOCUMENT # N00000004803

1. Corporation Name

ANCHOR OF OUR SOUL MINISTRIES, INC.

2. Principal Office Address	**3.** Mailing Office Address
35472 RANCHETTE BLVD.	SR 50 & US HWY 301
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEBSTER, FLORIDA	City & State: WEBSTER, FLORIDA
Zip: 33957 Country: HERNANDO	Zip: 33957 Country: HERNANDO

4. Date Incorporated or Qualified To Do Business in Florida: 7-20-2000

5. FEI Number: 59-3662238 ☐ 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: FRED PUENTES

100052942911
07/27/05--01013--001 **61.25

Street Address (P.O. Box Number is Not Acceptable): 35472 RANCHETTE BLVD

Suite, Apt. #, Etc.:

City: WEBSTER, FL 33957 State: FL Zip Code: 33957

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 _____ Date 7/15/2005
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
PD	FRED PUENTES	35472 RANCHETTE BLVD	WEBSTER, FL 33957
VD	MAYLEN PUENTES	35472 RANCHETTE BLVD	WEBSTER, FL 33957
T	MICHAEL HERNANDEZ	5237 RIVA RIDGE DRIVE	WESLEY CHAPEL, FL 33544
S	JOSE TEJERA	34193 CARPENTER CIRCLE	WEBSTER, FL 33957
D	LISA TEJERA	34193 CARPENTER CIRCLE	WEBSTER, FL 33957
D	DARLENE HERNANDEZ	5237 RIVA RIDGE DRIVE	WESLEY CHAPEL, FL 33544

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: _____ 7-14-05 813-309-4079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/4 cw