

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
01 DEC 31 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006675

1. Corporation Name

RANDALL W. BARR MINISTRIES, INC.

Principal Place of Business

Mailing Address

**4250 N.W. 25TH ST.
LAUDERHILL FL 33313**

**4250 N.W. 25TH ST.
LAUDERHILL FL 33313**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/06/2000

5. FEI Number

Applied For
 Not Applicable

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
PRES	RANDALL W. BARR	4250 NW 25TH ST	LAUDERHILL, FL 33313
V. PRES	ANNETTE L. BARR	4250 NW 25TH ST	LAUDERHILL, FL. 33313
SEC	NATASHA BRYANT	4250 NW 25TH ST	LAUDERHILL, FL. 33313
			500004781245--3 -01/17/02--01024--014 ****17700 ****237.00

REINSTATEMENT 01

8. Name and Address of Current Registered Agent

**BARR, RANDALL W
4250 N.W. 25TH ST.
LAUDERHILL FL 33313**

9. Name and Address of New Registered Agent

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

Randall W. Barr

REGISTERED AGENT MUST SIGN

Date

12/20/2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annette Barr

12/20/2001

Date

(904) 731-0781

Daytime Phone #

CR2E040 (8/01)