

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Glenda L. ...
Secretary of ...
DIVISION OF CORPORATIONS

DOCUMENT # N37058

1. Corporation Name

LABORERS AND HARVESTORS MINISTRIES, INC.

FILED

04 JAN 26 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

1005 N. ROSE STREET
P.O. BOX 775
LAKE HAMILTON FL 33851-0775

1005 N. ROSE STREET
P.O. BOX 775
LAKE HAMILTON FL 33851-0775

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

03/09/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2914896

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
D	WILSON, CLARISSA	1034 N ANDERSON AVE	LAKELAND FL 33805
D	JONES, ANTHONY J	2184 66TH AVE S	SAINT PETERSBURG FL 33712
D	WILSON, EMORY	1034 N. ANDERSON AVE.	LAKELAND FL 33805
D	JONES, LYNDA K	2184-66TH AVE S	SAINT PETERSBURG FL 33712

900025128399
12/01/03-01077-003 **175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, EMORY
1034 N ANDERSON AVENUE
LAKELAND FL 33805

Name

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

Suite, Apt. #, Etc.

City

900025128399
01726704-01016-011 **122.50

State

Zip Code

FL

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Emory Wilson
Emory Wilson

12-21-03

Date 11-23-03

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:

Anthony Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-04

Date

927 423-2787

Daytime Phone #

CR2ED40 (7/03)