PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 SEP 27 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48446**

1. Corporation Name

JOHN BEVERE MINISTRIES, INC.

1996 ANNUAL REPORT

Principal Place of Business
2527 E. SEMERAN BLVD. #3
APOKA FL 32703
US

Mailing Address
P.O. BOX 20025
APOPKA FL 32704

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
P.O. Box 2002
Suite, Apt. #, etc.
Apopka, FL
City & State
32704-2002
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: **04/16/1992**

5. FEI Number: **59-3123555** | 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BEVERE, JOHN PAUL, JR.	2041 HEATHEROAK DRIVE	APOPKA FL
VSTD	BEVERE, LISA T.	2041 HEATHEROAK DRIVE	APOPKA FL
D	HINN, SAMI G.	161 ACADEMY OAKS PLACE	ALTAMONTE SPRINGS FL

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9-27-96

8. Name and Address of Current Registered Agent

BEVERE, JOHN PAUL, JR.
2041 HEATHEROAK DRIVE
APOPKA FL 37203

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

CR2E040 (7/96)

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
REGISTERED AGENT MUST SIGN
Date 9/20/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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
JOHN P. BEVERE, JR.
Date 9/20/96
Daytime Phone # (407) 880-3357