


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 OCT 31 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000519

1. Corporation Name
VISION MINISTRIES OF CENTRAL FLORIDA, INC.

Principal Place of Business
2401 OAK DRIVE
LONGWOOD FL 32779

Mailing Address
2401 OAK DRIVE
LONGWOOD FL 32779



REINSTATEMENT *01*

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 01/26/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-3368005 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
|------------|-------------------------------------|---|---|
| D | PRICE, JAMES | 2401 OAK DRIVE | LONGWOOD FL 32779 |
| D | PRICE, CYNTHIA | 2401 OAK DRIVE | LONGWOOD FL 32779 |
| D | PRICE, JOEL | 5169 CINDERLANE PARKWAY STE 215 | ORLANDO FL 32808 |
| | | | 810002340668--1 -11706797--01098--017 ****236.25 ****236.25 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | |
|---|--|----------------------|
| PRICE, JAMES 2401 OAK DRIVE LONGWOOD FL 32779 | 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 *James P. Price* REGISTERED AGENT MUST SIGN Date 10/20/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *James P. Price* 10/20/97 407-869-8235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (8/97)