

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

98 FEB 26 PM 3:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000004488**

1. Corporation Name

**ADORATION MINISTRIES, INC.**

Principal Place of Business

7700 EAST ALLEN DRIVE  
 INVERNESS FL 34450

Mailing Address

POST OFFICE BOX 1832  
 INVERNESS FL 34451



400002445034--4

-03/03/98--01028--005

\*\*\*8.75\*\*\*

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/26/1996

5. FEI Number

59-3435257

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
<del>D</del>	BESCHER, R A	7700 EAST ALLEN DRIVE	INVERNESS FL 34450
D	HORAN, MARY	519 CABOT ST	INVERNESS FL 34452
D	CAMISA, MARYANN	116 W. VALERIAN FL	BEVERLY HILLS, FL 34465
D	DIGUILLIEMO, SAM	310 N. CITRUS AVE	INVERNESS, FL 34450

**REINSTATEMENT 97-98**

*A. Alan*  
 2/26/98

8. Name and Address of Current Registered Agent

SLAYMAKER, THOMAS E  
 2218 HIGHWAY 44 WEST  
 INVERNESS FL 34453

9. Name and Address of New Registered Agent

Name

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

400002445034--4

Suite, Apt. #, Etc.

-03/03/98--01028--006

City

\*\*\*297.50\*\*\*

\*\*\*297.50\*\*\*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2-12-98

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:

*R. A. Bescher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/97

Date

352  
 726-3646

Daytime Phone #

CFR2040 (8/97)