

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

1997 JAN -5 11 1:00

8.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005738

1. Corporation Name

A TOUCH OF GOD MINISTRIES, INC.

Principal Place of Business

5834 5TH AVE S
ST PETERSBURG FL 33707

Mailing Address

5834 5TH AVE S
ST PETERSBURG FL 33707



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

11/07/1996

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include LYUM, HARRY G; RUSSICK, NORMAN; CHESSER, WESLEY T; LINDSEY, MARIA P.

REINSTATEMENT

8. Name and Address of Current Registered Agent

LYUM, HARRY G
5834 5TH AVE S
ST PETERSBURG FL 33707

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

same
01/08/98-01103-009
****245 ST *****230.25
FL

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 of Harry G. Lyum

Date Nov 28, 97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes [] No [X]

(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 name of Harry G. Lyum

Date Nov 28, 97

813-347-2798

CR2E040 (8/97)