

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 OCT 24 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N98000003434**

1. Corporation Name

**GLEN CLARK MINISTRIES, INC.**

Principal Place of Business

3110 SO. TURKEY CREEK RD.  
PLANT CITY FL 33567-2069

Mailing Address

3110 SO. TURKEY CREEK RD.  
PLANT CITY FL 33567-2069

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



**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

06/11/1998

5. FEI Number

59-3552325

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	4 City / State / Zip
DP	CLARK, GLEN	3110 SO. TURKEY CREEK RD.	PLANT CITY FL 33567
DST	CLARK, LINDA M	3110 SO. TURKEY CREEK RD.	PLANT CITY FL 33567
DVP	JOHNSON, JEAN E	127 N.E. 1ST ST.	<del>SATELLITE BEACH KE ENEN</del> SATELLITE BEACH FL 32937
D	KEENEN, MARY J	<del>P.O. BOX 8728</del> 2736 DERBYSHIRE AVE	<del>LAKE LAND FL 33808</del> LAKELAND FL 33803
			400003459984 -- 1 -11/13/00--01003--003 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

CLARK, GLEN  
3110 SO. TURKEY CREEK RD.  
PLANT CITY FL 33567-2069

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

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

*Glen Clark*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-18-2000

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.

**KE**

SIGNATURE:

*Glen Clark*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-2000 813-754-1466

Date

Daytime Phone #

CR2E040 (8/00)