

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 13 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710032

1. Corporation Name

MINNEOLA CHURCH OF THE CHRISTIAN
AND MISSIONARY ALLIANCE, INC.

W06000018108

2. Principal Office Address

405 MAIN AVENUE

Suite, Apt. #, etc.

City & State

MINNEOLA FL

Zip

34715

Country

3. Mailing Office Address

405 MAIN AVENUE

Suite, Apt. #, etc.

City & State

MINNEOLA FL

Zip

34715

Country

04/25/03 90250 006 \$61.25
02/06/04 90035 000 \$61.25
REINSTATEMENT 03-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

DEC. 10, 1965

5. FEI Number

59-1502203

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVIDS LAWRENCE

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

10852 VISTA DEL SOL

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lawrence R. Davids
REGISTERED AGENT MUST SIGN

Date

4/10/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	BOYKIN, TERESA	9425 W. LIBBY RD.	CLERMONT, FL 34711
P	BEAVER, ROBERT C. JR	9741 CRENSHAW CIR.	CLERMONT, FL 34711
T	SLACK, CAROL A.	1140 W. MAGNOLIA ST.	CLERMONT, FL 34711

10. 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 contained in Chapter 119, 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:

Carol A. Slack, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

352/394-2028

Daytime Phone #

CAROL A. SLACK