

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV 22 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 714514

1. Corporation Name

HOUSE TO HOUSE MINISTRY, INC.

Principal Place of Business

9414 5TH AVE  
ORLANDO FL 32824

Mailing Address

9414 5TH AVE  
ORLANDO FL 32824



REINSTATEMENT

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

04/28/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1200571

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

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
VPD	RAMON L. GUTIERES	1103 43RD STREET	ORLANDO FL 32833
VPD	WILLIAM SIEVERT	14630 SPYGLASS AVE	ORLANDO FL
VPD	BARBARA SIEVERT	14630 SPYGLASS AVE	ORLANDO FL 32824
VPD	EDDIE BROWN JR	9414 5TH AVE	ORLANDO FL 32824
VPD	MARCELLINA P. MORAN	2417 SANDY LANE	ORLANDO FL 32824
VPD	SI L HENDERSON SR	2417 SANDY LANE	ORLANDO FL 32824
VP	WILLARD & SALLYE HOLMES	2417 SANDY LANE	ORLANDO FL 32818

8. Name and Address of Current Registered Agent

300002014648--8  
MARK, LESTER L, REV. DR. 11/26/96--01117--002  
9414 FIFTH AVENUE \*\*\*\*\*70.00 \*\*\*\*\*70.00  
ORLANDO FL 32824  
300002014648--8  
-11/26/96--01117--003  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
11/26/96--01117--001  
\*\*\*\*\*166.25 \*\*\*\*\*166.25  
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

Rev. Dr. Lester L. Moran

REGISTERED AGENT MUST SIGN

Date

April 19, 1996

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Rev. Dr. Lester L. Moran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 19, 1996  
407 240 2275