

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THESE SPACES
APPROVED
AND
FILED

97 APR 23 AM 10:25

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 739620

PRO089364 HARVEST MINISTRIES, INC.
POST OFFICE BOX 18530
PENSACOLA, FL 32523

2. If Address in Block 1 is incorrect, indicate the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

07/08/1977

4. FEI Number

59-1833081

FEI Number Applied For

FEI Number Not Applicable

5.

\$8.75 Additional Fee required for a Certificate of Status.

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
P/D	FRANKLIN, WILLIAM B.	4490 WHISPER DR.	PENSACOLA, FL
V/D	MILLIGAN, JOHN	900 W. JAMES LEE BLVD.	CRESTVIEW, FL
S	POWELL, RICHARD H.	92 EGLIN PARKWAY NE	FT. WALTON BEACH, FL
T/D	REEDER, LARRY	640 OVERBROOK DR.	FT. WALTON BEACH, FL

REINSTATEMENT 94-97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

FRANKLIN, WILLIAM B.
4490 WHISPER DR.
PENSACOLA, FL 32504

8. Name and Address of New Registered Agent and Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip

FL.

9. 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

William B. Franklin
REGISTERED AGENT MUST SIGN

Date

4/23/97

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

William B. Franklin

Date

4/23/97

Daytime Phone #

(904) 478-6224

Typed or printed name of signing officer or director