

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 742616

1. Corporation Name

OLIVE TREE MINISTRIES, INC.

Principal Place of Business

850 N.E. 173 TERRACE  
MIAMI FL 33162  
US

Mailing Address

850 NE 173 TERRACE  
MIAMI FL 33162  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 1998-1999

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/1978

5. FEI Number

59-1831676

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	KURZWEIL, ALLEN B	850 N.E. 173RD TERRACE	MIAMI FL
VD	KURZWEIL, SUSAN	850 N.E. 173RD TERRACE	MIAMI FL
D	BREWARD, JOHN	11 N.W. 117TH ST.	MIAMI, FL 0

9000002795219--2  
-03/05/99--01005--004  
\*\*\*\*306.25 \*\*\*\*306.25

8. Name and Address of Current Registered Agent

KURZWEIL, ALLEN B  
850 N.E. 173 TERRACE  
MIAMI FL 33162

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

Allen B. Kurzweil  
REGISTERED AGENT MUST SIGN

Date 2/10/99

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

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:

Allen B. Kurzweil  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 305 816-4971  
Date Day/Box Phone #

CR2040 (9/98)