

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 DEC 22 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755194**

1. Corporation Name

DORCAS HOUSE MINISTRIES, INC.

Principal Place of Business

101 E. AMELIA
TAMPA FL 33602

Mailing Address

P.O. BOX 664
TAMPA FL 33601



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

4. Date Incorporated or Qualified To Do Business in Florida

11/19/1980

5. FEI Number

NOT APPLICABLE

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	O'NEAL, ELLA	4821 ASHLAND DR	TAMPA FL 33610
D	JONES, LORETTA	2337 PALMETTO	TAMPA FL 33607
D	OUTING, RUTH	7205 CREEKWOOD CT	TAMPA FL 33615
D	MARCHMAN, DIANE	10840 N. 15TH ST.	TAMPA FL 33612
D	WILLIAMS, MARY	3706 E. MCBERRY AVE.	TAMPA FL 33610
VP	RYDER, SARAH	P.O. BOX 11344 N/A	SPRINGFIELD FL 34610

8. Name and Address of Current Registered Agent

MAGUIRE, PATRICK T
308 N. BELCHER RD.
CLEARWATER FL 34625

9. Name and Address of New Registered Agent

Name: **JUSTICE, EUNICE**
Street Address (P.O. Box Number is Not Acceptable): **101 E. AMELIA AVE SPRING HILLS**
Suite, Apt. #, Etc.: **SPRINGHILL (ONE WORD)**

REINSTATEMENT 97

State

Zip Code

FL

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/13/97

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)(f), 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:

Eunice Justice, President

11/13, 1997

Date

Daytime Phone #

CR2E040 (8/97)