

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR -5 A 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760142

1. Corporation Name

The Go-Between Ministry

2. Principal Office Address - No P.O. Box #

2000 N. Congress Ave. Lot #278

3. Mailing Office Address

P.O. Box 5701

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Lake Worth, FL

Zip

33409

Country

USA

Zip

33466-5701

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/1981

5. FEI Number

59-2155830

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

Jim Underwood

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

2000 N. Congress Ave. Lot #278

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33409

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jim Underwood
REGISTERED AGENT MUST SIGN

Date 1/26/09

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
PD	Jim Underwood	2000 N. Congress Ave. Lot #278	West Palm Beach FL 33409
STD	JoAnn Underwood	2000 N. Congress Ave. Lot #278	West Palm Beach FL 33409
VD	Daniel West	571 Live Oak Dr.	West Palm Beach FL 33415

REINSTATEMENT

03-09

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 taxes 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: *JoAnn Underwood* JOANN UNDERWOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/09

Date

561-689-0112

Daytime Phone #