

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 NOV 16 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766298

1. Corporation Name

**Kids for Christ Ministries, Inc.**

2. Principal Office Address - No P.O. Box #  
**2434 Deerbrook Drive**

Suite, Apt. #, etc.

City & State  
**Lakeland, FL**

Zip  
**33811**

Country  
**Polk**

3. Mailing Office Address  
**2434 Deerbrook Drive**

Suite, Apt. #, etc.

City & State  
**Lakeland, FL**

Zip  
**33811**

Country  
**Polk**

**REINSTATEMENT 06-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **12-27-1982**

5. FEI Number  
**59-2266504**

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  
**Dr. Rodney White**

Street Address (P.O. Box Number is Not Acceptable)  
**2434 Deerbrook Drive**

Suite, Apt. #, Etc.

City  
**Lakeland**

State  
**FL**

Zip Code  
**33811**

☐ 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.

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**11/16/07--01052--032 \*\*367.50**

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

*Dr. Rodney White*

REGISTERED AGENT MUST SIGN

Date **Nov 14, 2007**

**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
P/C	Dr. Rodney White	2434 Deerbrook Drive	Lakeland, FL 33811
V/D	Danielle Lacy	3153 Timberly Lane	Lakeland, FL 33810
S/T/D	Gregory White	P.O. Box 281, NA	Andalusia, AL 36420
D	Damion Boyce	1008 E Gilchrist	Plant City, FL 33563
D	Dr. Steven Fettke	1671 Gamewell Trail	Lakeland, FL 33809
D	Roger C. Frazier	6287 Bahia Del Mar Cir #506	St. Petersburg, FL 33715

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 fees 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:

*Rodney White*

Rodney White

*Nov 14, 2007*

863-838-8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T. Roberts NOV 26 2007