

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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97-06412

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 29 PM 1:26

DOCUMENT # 766412

1. Corporation Name

Walter E. Farmer Ministry
In.

2. Principal Office Address

Clara S. Farmer

3. Mailing Office Address

Clara S. Farmer

Suite, Apt. #, etc.

770 West Kennedy Blvd

Suite, Apt. #, etc.

P.O. Box 682525

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32810

Country

USA

Zip

32818

Country

USA

000004481640--3

-07/17/01--01089--030

****306.25 ****306.25

4. Date Incorporated or Qualified
To Do Business in Florida

0

SP

5. FEI Number

59-2284536

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

Clara S. Farmer

000004481640--3

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

770 West Kennedy Blvd.

07/17/01--01089--029

*****8.75 *****8.75

Suite, Apt. #, Etc.

Apt F 102

City

Orlando

State

FL

Zip Code

32810

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

Clara S. Farmer

Date 22 June 01

REGISTERED AGENT MUST SIGN

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	Clara S. Farmer	770 West Kennedy Blvd Apt F 102	Orlando, Florida 32810
D	Latasha Farmer	1288 Woodman Way Apt	Orlando, Florida 32818
D	Talisa Farmer	7805 Woodridge Court Way Apt 4202	Orlando, Florida 32818
S	Tamira Farmer	770 West Kennedy Blvd Apt 102	Orlando, Florida 32810
P	Walter E. Farmer	4171 Versailles Dr	Orlando, Florida 32806
VP	Warren Little	P.O. Box 682525	Orlando, Florida 32818

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 under section 119.07(3)(b), 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:

Clara S. Farmer

Clara S. Farmer

22 June 01

660
(407) 3151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)

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T Greg Mills

282-Brown-Donaldson Rd
Crawfordville, Florida

32327

Prescot Mills

47 Maigo St
Crawfordville Florida

32327



Rutha Mae Everett

165 Bob Thomas Cr,
Sanford, Florida

32771

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Clara S. Farmer

P.O. Box 682525
Orlando, FL 32818
321-263-0232

June 21, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing to inform you that I did not and have not received a letter stating that my corporation was dissolved. I was informed of the dissolution during a conversation with a representative from the Division of Corporations on Tuesday, June 20, 2001.

This letter is in response to that conversation. I have also enclosed an application of reinstatement. If there are further requirements, you may contact me at the address or phone number listed above

Sincerely,

Clara Farmer

Clara Farmer

Clara S. Farmer

Signature of Applicant

21 June '01

Date

Melanie J. Westfield

Notary Public

21 June 01

Date



Melanie J. Westfield
My Commission CC063948
Expires July 09, 2004