

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR 18 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771086

1. Corporation Name

"PREPARE HIS WAYS", MINISTRIES, INC.

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

27035 Foamflower Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

← Same
Suite, Apt. #, etc.

City & State

Wesley Chapel, Fla.

Zip 33544 Country PASCO

City & State

Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/3/93

5. FEI Number

59-2468643

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
FRANK M. BROCATO

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

27035 Foamflower Blvd.
Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33544

900259203169
04/18/14-01034-027 ***358.75

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

FRANK M. BROCATO

REGISTERED AGENT MUST SIGN

Date 4/12/14

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
C/D	FRANK M. BROCATO	(Same As Above)	
D	LINDA M. BROCATO	(Same As Above)	
D	Rev. Joe BROWN	18510 OTTERWOOD Ave.	Tampa, FL 33647-1833
D	Dr. Peter D. Knight	5401 S. Russell	Tampa, FL 33611-4517
REINSTATEMENT		APR 18 2014	
		R. HUNT	

10. E-mail Address: FM BROCATO @ AOL . Com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

FRANK M. BROCATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/14

(813)

629-4401