

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 24 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000006720

1. Corporation Name

Ron Kenoly Ministries, Inc.

2. Principal Office Address

8613 Crestgate Cr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

P. O. Box 2200

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/00

5. FEI Number

770391201

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

Ron Kenoly

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

8613 Crestgate Cr

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32819

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

Ron Kenoly

REGISTERED AGENT MUST SIGN

Date 11/20/2003

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	Dick Bernal	3750 McKee, Suite B	San Jose, CA 95127
VCT	Michael Ajayi	3750 McKee, Suite B	San Jose, CA 95127
DP	Ronald K. Kenoly	8613 Crestgate Cr.	Orlando, FL 32819
S	Diane Parsons	2653 Alclobe Cr.	Ocoee, FL 34786

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)(i), 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:

Diane Parsons - Diane Parsons, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2003

Date

407-765.3966

Daytime Phone #

CR2E081 (1/0/02)