

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 30 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004156

1. Corporation Name

FIVE LEAVES AND TWO FISH
ministries INC.

REINSTATEMENT 02-08

600137479146

10/30/08--01025--007 **603.75

CR2E081 (12/07)

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

2229 E. 5th Street

Suite, Apt. #, etc.

3. Mailing Office Address

14 Corte Roble

Suite, Apt. #, etc.

City & State

Charlotte, North Carolina

City & State

Santa Rosa Beach, FL

Zip

28204

Country

U.S.A.

Zip

32459

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/2001

5. FEI Number

31-1743373

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

Ronald A. Vernon

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

14 Corte Roble

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

☐ 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

Ronald A. Vernon

Date

09/17/2008

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.D.	Ronald A. VERNON	14 Corte Roble	Santa Rosa Beach FL 32459
S.D.	Debra Vernon	14 Corte Roble	Santa Rosa Beach FL 32459
T.D.	Gwen Blythe	2035 Whitestone Place	Alpharetta Georgia 30005

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:

Ronald A. Vernon

Ronald A. VERNON

Date

09/17/2008 (850) 622-1593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

10/31