

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

13 NOV 19 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F04000004834

1. Corporation Name

**Scarrella Ministries, Inc.**

**REINSTATEMENT**

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

**11290 NW 43rd Street**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Coral Springs, FL**

City & State

Zip

**33065**

Country

**USA**

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
8/20/2004

5. FET Number

**731553172**

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

**Thomas K. Scarrella**

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

**11290 NW 43rd Street**

Suite, Apt. #, Etc.

City

**Coral Springs**

State

**FL**

Zip Code

**33065**

000254030640  
11/19/13--01028--020 \*\*481.25

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

REGISTERED AGENT MUST SIGN

Date 11/12/13

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
PD	Thomas K. Scarrella	P.O. Box 9427	Coral Springs, FL 33075
TD	Susan K. Scarrella	P.O. Box 9427	Coral Springs, FL 33075
SD	Doris Moritz	2111 Radatz Ave.	Maplewood, MN 55109

NOV 20 2013

M. WILLIAMS

10. E-mail Address: tom@scarrella.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/13

(954)336-5993

Date

Daytime Phone #