

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
08 JUL 23 PM 1:12

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

DOCUMENT # F05000005424

1. Corporation Name  
Passageway Ministries, Inc.

200133363652  
07/23/08--01003--015 \*\*450.00

|   |                |  |                |
|---|----------------|--|----------------|
| 2. Principal Office Address - No P.O. Box #<br>12922 S. Memorial<br>Suite, Apt. #, etc. |                | 3. Mailing Office Address<br>P.O. Box 507<br>Suite, Apt. #, etc. |                |
| City & State<br>Bixby, OK   |                | City & State<br>Bixby, OK  |                |
| Zip<br>74008  | Country<br>USA | Zip<br>74008   | Country<br>USA |

**REINSTATEMENT** 06-08

|   |  |
|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida | 09/15/2006   |
| 5. FEI Number   | 73-1557505   |
| Applied For   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                |
| 6. CERTIFICATE OF STATUS DESIRED                            | <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |

7. Name and Address of Current Registered Agent

Name  
Mark Pulley

Street Address (P.O. Box Number is Not Acceptable)  
3308 26th Street West

Suite, Apt. #, Etc.

City  
Lehigh Acres

State  
FL

Zip Code  
33971

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 Mark Pulley Date 4/6/08

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     |
|--------|-----------------------------------|--|------------------------|
| PD     | Mark Pulley                       | 3308 26th Street West                          | Lehigh Acres, FL 33971 |
| STD    | Linda Pulley                      | 3308 26th Street West                          | Lehigh Acres, FL 33971 |
| D      | Ella Jane Coley                   | 13927 E. 171st St. So.                         | Bixby, OK 74008        |
|        |                                   |  |                        |
|        |                                   |  |                        |

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: Ella Jane Coley Date March 25, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR