

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005881**

1. Corporation Name

**FOUNDATION IN CHRIST MINISTRIES: 1 COR. 3:11, IN C.**

Principal Place of Business

Mailing Address

7C/O RAYMOND JOHNSON  
411 SPRING VALLEY LANE  
ALTAMONTE SPRINGS FL 32714  
US

7C/O RAYMOND JOHNSON  
411 SPRING VALLEY LANE  
ALTAMONTE SPRINGS FL 32714  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/1994

5. FEI Number

59-3271100

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CURRY, KELLY E	C/O R. JOHNSON- 411 SPRING VALLE	ALTAMONTE SPRINGS FL 32714
SD	JOHNSON, RAYMOND L	411 SPRING VALLEY LANE	ALTAMONTE SPRINGS FL 32714
D	CURRY, SUSAN M	C/O R. JOHNSON- 411 SPRING VALLE	ALTAMONTE SPRINGS FL 32714

400023906114  
10/17/03 01052 000 \*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, RAYMOND L.  
411 SPRING VALLEY LN  
ALTAMONTE SPRINGS FL 32714

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Raymond L. Johnson*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/12/03

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., 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:

*Raymond L. Johnson*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/03 (407) 776-0092  
Date Daytime Phone #

FOUNDATION IN CHRIST MINISTRIES, INC.

c/o Raymond Johnson  
411 Spring Valley Lane  
Altamonte Springs, FL 32714

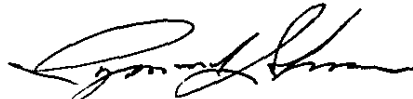
October 13, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I am responding to the Notice of Administrative Dissolution or Revocation. As an officer of Foundation in Christ Ministries, Inc., I am enclosing the completed Application for Reinstatement and a check for \$61.25. I am requesting a waiver of the reinstatement fee, as the foundation did not receive the second uniform business report notice. Thank you for your help and please give me a call at (407) 786-0092 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Raymond Johnson', written in a cursive style.

Raymond Johnson  
Director