

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000003045**

1. Corporation Name

DUANE SWILLEY MINISTRIES, INC.

Principal Place of Business

Mailing Address

16601 NW 8TH AVENUE
MIAMI FL 33169

16601 NW 8TH AVENUE
MIAMI FL 33169



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1991136

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SWILLEY, WALLACE D	16601 NW 8TH AVENUE	MIAMI FL 33169
VD	ZIEBARTH, LEONARD	16601 NW 8TH AVENUE	MIAMI FL 33169
STD	SWILLEY, DEBORAH LYNN	16601 NW 8TH AVENUE	MIAMI FL 33169

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWILLEY, DUANE
16601 NW 8TH AVENUE
MIAMI FL 33169

Name

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

300003446923--6

Suite, Apt. #, Etc.

-11/01/00-01054--001

City

***236.25

***236.25

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/18/00

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:

[Signature] LEONARD ZIEBARTH

10/18/00

3056200060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)