


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 13 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FAS 000003045

1. Corporation Name

Duane Swilley Ministries, Inc

200009500872
12/13/02--01021--017 **245.00

2. Principal Office Address

4900 SW 165th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 824662

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

South Florida FL

Zip

33027

Country

USA

Zip

33082

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/23/1995

5. FEI Number

58 1991136

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

Duane Swilley

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

4900 SW 165th AVENUE

Suite, Apt. #, Etc.

City

Miramar

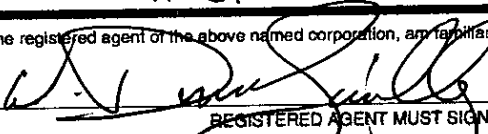
State
FL

Zip Code

33027

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**



Date 12/2/02

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	SWILLEY WALLACE D	4900 SW 165 th AVE	Miramar FL 33027
VD	Quamina, Luke	9610 2 nd St	Pembroke Pines FL 33024
STD	Swilley, Deborah L	4900 SW 165 th Ave	Miramar FL 33027

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/02

Daytime Phone #

305 206

8467

CR2E081 (9/01)