## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

•	RPORATI STATEM				Secretar	TMENT O y of State corporation		•		Fin D	•	
DOCUMENT # F9600002634								09 MAR 19 PM 12: 40				
1. Corporation Name  CAROL PIKINI MINISTRIES, INC.								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
									ഥിച്ച	2245	.1 <b>9</b>	
2. Principal Office Address - No P.O. Box # 3975 BRAINERD ROOD Suito And # alo				D P.C	3. Mailing Office Address P.O. B. 3558  Suite, Apt. #, etc.			900146224519 03/19/0901011007 **787.50 cr2E081 (12/08)				
Suite, Apt. #, etc.				Suite, Apr.	Suite, Apr. #, etc.				orated or Qualific ness in Florida	ed = /-	25/100	
City & State  CHATTANDOGA TH				PLA	PLANT CITY, FL			To Do Business in Florida 5/28/194.  5. FEI Number Applied For Not Applicable				
37416 Country Country				Zip 335	SSELS Country			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent												
Street Address (P.O. Box Number is Not Acceptable)  17169 OAK BRIDGE  Suite, Apt. #, Etc.						State Zip Code FL 3647			☐ 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 names corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN									Diligations of section 607.0505 or 617.0503, F.S.			
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			tors	Street Address of Eacl Officer and/or Directo				City / State / Zip			
PRES	CAPOLT. PRHINI				17-	17769 CAKBRID			TAME	PA	33647	
UP	SAMUELCOTTO				311	31005STOLE AR			WESLE	YCHA	72,FL <i>38</i> 545	
福	SUE	يمكر	UBE	ZNUE	214	19 EME	SATO BIL	XEDE	LAKE		FL 33813	
	RE	IN	STA	ГЕМІ	ENT	)	RH					
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 filling 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:  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date												