

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **F97000000296**

1. Corporation Name

VISION MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

**5400 WEST HILLSBORO BOULEVARD
COCONUT CREEK FL 33073**

Mailing Address

**5212 N.W. 54TH AVENUE
COCONUT CREEK FL 33073**

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

2. New Principal Office Address, If Applicable

5212 NW 54 Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

Zip

33073

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1997

5. FEI Number

65-0774446

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|------------------------|
| D | COLLYMORE, LEON | 5212 NW 54TH AVENUE | COCONUT CREEK FL 33087 |
| D | COLLYMORE, LINDA | 5212 NW 54TH AVENUE | COCONUT CREEK FL 33087 |
| D | Arnette, Gary | 1955 Waterside Court East | Wellington, FL 33414 |
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11/13/01 01073 011

*******61.25 *****61.25**

8. Name and Address of Current Registered Agent

**COLLYMORE, LEON
5212 NW 54TH AVENUE
COCONUT CREEK FL 33073**

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent


REGISTERED AGENT MUST SIGN

Date **10-18-01**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-01

CR2040 (8/01)