

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN -3 PM 2:30

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F 9700000 4467**

1. Corporation Name

**BREKTHROUGH MISSIONS, INC.**

500012778675  
02/19/03--01008--016 \*\*122.50

500012778675  
02/19/03--01008--015 \*\*61.25

**01-03UBR**

2. Principal Office Address

**2756 Central Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

**2756 Central Ave**

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

Zip

**33712**

Country

**Pinellas**

City & State

**St. Petersburg**

Zip

**33712**

Country

**Pinellas**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8-25-97**

5. FEI Number

**95-4428464**

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

**Erica M. Joseph**

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

**4495 49th St. N**

Suite, Apt. #, Etc.

**Suite 29**

City

**St. Petersburg**

State

**FL**

Zip Code

**33709**

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

**Erica M. Joseph**

REGISTERED AGENT MUST SIGN

Date **1-03-03**

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
D	Erica Joseph	4495 49th St. N	St. Pete, FL 33762
D	Joseph Shepherd	342 Foxcroft Dr. E.	Palm Harbor, FL 34683
D	Wayne L. Bright	3870 Southview Dr	Blonday, FL 33511
D	Donna G. Grant	4599 36th Ave N.	St. Pete, FL 33713

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:

**Erica M. Joseph**

**01-03-03**

**727-785-9911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

**Breakthrough Missions, Inc.**

2847 Belcher Road  
Palm Harbor, Florida 34684  
727-785-9944

2012

January 2, 2003

Department of State  
Division of Corporations  
409 E Gaines St  
Tallahassee, Florida 32399

Re: A Foreign Non Profit Corporation  
BreakThrough Missions, Inc.  
F97000004467

I would like to request that the late fees be waived on the reinstatement of Breakthrough Missions Corporation.

I am including the reinstatement form along with the fees for the reinstatement. I would appreciate your assistance and consideration in this reinstatement because I moved and did not receive the forms from the State.

*I did not receive the UBR Report  
For the year 2001*

Sincerely yours,

  
Erica Joseph