

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000000147

1. Corporation Name

FULL GOSPEL NATIVE MISSIONARY, INC.

Principal Place of Business

350 SCOTT DRIVE  
ORMOND BEACH FL 32174

Mailing Address

P.O. BOX 10766  
DAYTONA BEACH FL 32120

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/1999

5. FEI Number

43-6039978

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>PD</del>	<del>BUCHANAN, G.T.</del>	<del>350 SCOTT DRIVE</del>	<del>ORMOND BEACH FL 32174</del>
4 PD	BUCHANAN, ELEANOR	350 SCOTT DRIVE	ORMOND BEACH FL 32174
<del>ST</del>	<del>BUCHANAN, MATHEW</del>	<del>350 SCOTT DRIVE</del>	<del>ORMOND BEACH FL 32174</del>
VD	SKINNER, HEATHER	2910 N. 32 <sup>ND</sup>	MUSKOGEE, OK 74401
STD	BUCHANAN, LUKE	11030 WILFF PINES DR.	SEMMES, AL. 36575

8. Name and Address of Current Registered Agent

FLORIDA STATE ACCOUNTING, INC.  
533 N. NOVA ROAD  
SUITE 115  
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name

ELEANOR T. BUCHANAN

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

350 SCOTT DR.

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

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. or 617.0505, F.S.

Signature of  
Registered Agent

*E. T. Buchanan*  
REGISTERED AGENT MUST SIGN

Date 11-6-03

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

11-6-03

Daytime Phone #

CR2E040 (7/03)