

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 19 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000000036**

1. Corporation Name

NELSON VICKERS MINISTRIES, INC.

Principal Place of Business

112 E. PLYMOUTH ST.
TAMPA FL 33603

Mailing Address

112 E. PLYMOUTH ST.
TAMPA FL 33603

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/2000

5. FEI Number

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

PD

NELSON VICKERS, ALA FAYE

112 E. PLYMOUTH ST.

TAMPA FL 33603

SD

FLOWERS, LETISHA

2818 E. OSBORNE AVE.

TAMPA FL 33610

TD

FLOWERS, IRIS

4709 29TH ST.

TAMPA FL 33610

3000006597319--1
-07/23/02--01070--018
*****297.50 *****297.50

8. Name and Address of Current Registered Agent

NELSON VICKERS, ALA FAYE
112 E. PLYMOUTH ST.
TAMPA FL 33603

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

Ala Faye Nelson-Vickers
REGISTERED AGENT MUST SIGN

Date

7-16-02

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:

Lanecia Flowers Lanecia Flowers (813) 632-9775
Ala Faye Nelson-Vickers Ala Faye Nelson-Vickers (813) 273-0129
7-16-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)