PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N0000000681

1. Corporation Name

EMMANUEL CHILDRENS' MINISTRY, INC.

Principal Place of Business

Mailing Address

132 E HILO STREE

122 E HILA STOCE

FILED 01 NOV -5 PN 5: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Daytime Phone #

incipal Office Address	-4 in								
				nd enter correction below.	4. Date Incom	porated or Qualified			
Suite, Apt. #, etc.		-Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 01/28/2000				
			·			5. FEI Number Applied For			
City & State Ci			City & State			Not Applicable			
Cour	ntry	Zip		Country		E OF STATUS DESIRED	S8.75 / for a	Additional Fee required Certificate of Status	
and Street Addresses	of Each Officer and	l/or Director (Flo	rida nonprofi	t corporations must list at le	east 3 directors)		<u> </u>		
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
PSD REYNOSO, WILLIAM			132 E HILO STREET			NAPLES FL 34113			
D REYNOSO, ANGELA			132 E HILO STREET			NAPLES FL 34113			
VTD EDWARDS, DIAN			271 20 STREET NE			NAPLES FL 34120			
					2	009945	18-56	3927. 070-014	
						****24	5.00	*****242.00	
			0000				~ = :		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
REYNOSO, WILLIAM 132 E HILO STREE					Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34113				Suite, Apt. #, Et	c.				
	-			City			State Z	ip Code	
Agent that I am an officer of estatement application by the corporation have	or director or the face the feason for disserved been paid and the	ver or trustee emplution has been names of individu	powered to eliminated to uals listed of the same	execute this application as the corporate name satisfies this form do not qualify to agal effect as if made under	provided for in ches the requirements ran exemption uner oath.	Date	I further cerr or 617.0401,), F.S. The	F.S., that all fees	
	REYNOSO, WILLIAM EDWARDS, DIA 8. Name and A OSO, WILLIAM HILO STREE ES FL 34113 appointed the register Agent that I am an officer of statement application of the corporation have application is true and application is t	REYNOSO, WILLIAM REYNOSO, ANGELA EDWARDS, DIAN 8. Name and Address of Current NOSO, WILLIAM HILO STREE ES FL 34113 appointed the registered agent of the above the statement application, the reason for dissorting the corporation have been paid and the	and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors REYNOSO, WILLIAM REYNOSO, ANGELA EDWARDS, DIAN 8. Name and Address of Current Registered Age NOSO, WILLIAM HILO STREE ES FL 34113 appointed the registered agent of the above named corporation and accurate agent and the names of individual application is true and accurate, and my signature shall have perfectly a signature shall have been paid and the names of individual application is true and accurate, and my signature shall have	and Street Addresses of Each Officer and/or Director (Florida nonprofice and/or Directors) Name of Officers and/or Directors REYNOSO, WILLIAM REYNOSO, ANGELA 132 E H REYNOSO, ANGELA 132 E H EDWARDS, DIAN 271 20 8. Name and Address of Current Registered Agent NOSO, WILLIAM HILO STREE ES FL 34113 Agent SIGNA PERSON PROVIDED TO TURNER EMPOWER AGENT Agent That I am an officer or director or the Ectiver or trustee empowered to statement application the feason for dissolution has been eliminated to the corporation have been paid and the names of individuals listed on application is true and accurate, and my signature shall have the same application is true and accurate, and my signature shall have the same application is true and accurate, and my signature shall have the same application is true and accurate, and my signature shall have the same application is true and accurate.	Agent And Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at it is a polication as statement application is rue and accurate, and my signature shall have the same legal effect as if made under the same legal effect as if made under the same legal effect as if made under the corporate name satisfier the corporation is true and accurate, and my signature shall have the same legal effect as if made under the corporation is true and accurate, and my signature shall have the same legal effect as if made under the corporation is true and accurate, and my signature shall have the same legal effect as if made under the corporation is true and accurate, and my signature shall have the same legal effect as if made under the corporation is true and accurate, and my signature shall have the same legal effect as if made under the corporation is true and accurate.	and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors REYNOSO, WILLIAM 132 E HILO STREET REYNOSO, ANGELA 132 E HILO STREET EDWARDS, DIAN 271 20 STREET NE 8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number Stre	and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors REYNOSO, WILLIAM 132 E HILO STREET NAPLES FL 341 REYNOSO, ANGELA 132 E HILO STREET NAPLES FL 341 EDWARDS, DIAN 271 20 STREET NE NAPLES FL 341 NAME STREET NAME Address of New Regit Name Name Street Address of New Regit Name Name Street Address of New Regit Name Street Address of New Regit Name Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Lappointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Lappointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Lappointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Lappointed the registered agent of the above named corporation as provided for in chapter 607 or 617, F.S. Lappointed the registered agent of the names of individuals listed on this form do not qualify for an exemption under section 119.07(3) (application is true and accurate, and my signature shall have the same legal effect as if made under-eath.	and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Director City / State	