

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 NOV -5 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N000000000681

1. Corporation Name

EMMANUEL CHILDREN'S MINISTRY, INC.

2. Principal Office Address - No P.O. Box #

100 AVIATION DR. S.

Suite, Apt. #, etc.

202

City & State

NAPLES FL

Zip

34104

Country

USA

3. Mailing Office Address

100 AVIATION DR. S.

Suite, Apt. #, etc.

202

City & State

NAPLES FL

Zip

34104

Country

USA

REINSTATEMENT

CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified
To Do Business in Florida

1-28-2000

5. FEL Number

59-3623962

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

WILLIAM A REYNOSO

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

132 E HILO STREET

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34113

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/1/07

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
PSD	William Reynoso	100 AVIATION DR. S. SUITE 202	Naples FL 34104
D	ANGELA REYNOSO	100 AVIATION DR. S. SUITE 202	NAPLES FL 34104
VTD	DIAN EDWARDS	100 AVIATION DR. S. SUITE 202	NAPLES FL 34104
CD	TOD TUCKERMAN	100 AVIATION DR. S. SUITE 202	NAPLES FL 34104

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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 contained in Chapter 119, 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 #

11/1/07

239-403-7400

11/8/07