

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **1000000001705**

1. Corporation Name

Fresh Oil Evangelistic Ministries

2. Principal Office Address

4801 N. 30th St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33610

Country

Hills

Zip

33610

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-9-2000

5. FEI Number

59-3636431

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

Cherrie Green

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

4801 N. 30th St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

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

Cherrie Green

Date **1-30-07**

REGISTERED AGENT MUST SIGN

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
P	Cherrie Green	4801 N. 30 th St	Tampa, FL 33610
VP	Georgianna Hayes	2445 Lynn Lake Cir. ^{Apt B} So.	St. Petersburg FL 33712
Trus	TOMMIE MAE White	4801 N. 30 th St	Tampa, FL 33610
Trus	FRANK Bafford	9622 Theresa Dr	Thonotassa, FL 33592
T	Veronica White	4801 N. 30 th St	Tampa, FL 33610
Sec	Travis Coy	4705 N. 26 th St	TAMPA, FL 33610

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:

Cherrie Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07

Date

813 494-6127

Daytime Phone #

FILED
2007 FEB -1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (12/05)